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ABSTRACT

A teacher of child care courses at the college level implemented a practicum designed to encourage caregivers in five group day care settings to express a greater level of positive affect toward children. Training needs at the preschool centers were assessed and caregivers were videotaped as they carried out normal activities with their groups of children. Each caregiver then set personal goals, such as using positive ways of getting attention, and telling children what behaviors were desired rather than saying, "no," and, "don't." The trainer visited each caregiver in five day care centers once each week to encourage and model such behaviors. Five booklets dealing with one or more of the greatest assessed needs were produced and distributed for study and homework. At the end of the intervention, caregivers were again videotaped in interaction with children. Both trainer and caregiver rated the interactions, and the guide provided a verbal critique which emphasized the caregiver's growth. Practicum evaluation data indicated at least a 25 percent improvement in room- and observation-related awareness, unsolicited positive interactions with children, responses to children's bids for attention, and positive discipline approaches. Many related materials, including the training booklets, are appended. (RH)

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ON-SITE PROGRAM TO INCREASE AFFECTIVE INTERACTION BY CAREGIVERS IN PRESCHOOL CENTERS

BY

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NOVA UNIVERSITY

On-Site Program to Increase Affective Interaction by Caregivers in Preschool Centers

by

Fay B. Anderson

Cluster 19

A Practicum II Report Presented to the Ed.D. Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

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PRACTICUM APPROVAL SHEET

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8-4-88
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Abstract

On-Site Program to Increase Affective Interaction by Caregivers in Preschool Centers. Anderson, Fay B., 1988: Practicum Report, Nova University Ed.D. Program in Early and Middle Childhood.
Descriptors: Assertiveness / Affective measures / Attitude change / Behavior standards / Child caregivers / Day care centers / Discipline problems / Early childhood centers / Interaction process analysis / Interpersonal communication / Naturalistic observation / Preschool children / Preschool teachers / Psychoeducational methods / Self-evaluation (individual) / Teacher-student relationship / Videotape recordings

Encouraging caregivers in group day care settings to adopt more positive affect toward children is extremely difficult through traditional training procedures. The goal of the present program was to raise affect by on-site observation and encouragement.

Caregivers were videotaped as they carried out normal activities with their groups of children. Each caregiver then set goals for herself such as: more responses to children, positive ways of getting attention, telling children behaviors desired instead of "no" and "don't," giving children words for their feelings, and telling her own feelings in non-hurtful ways. The writer visited each caregiver in five day care centers once each week to encourage and model such behaviors. Five booklets were provided for study and "homework."

Caregiver affect was measured by center directors, by the writer and by the caregivers themselves before and after the program. There was at least 25% improvement in: room- and observation-related awareness, unsolicited positive interactions with children, responses to child bids for attention, and positive discipline approaches.

Chapter I.

Background Information

A. The Community

The practicum site is a coastal county with a population of approximately 65,000 in the southeastern corner of the United States. Forest-related industries such as those producing paper and chemicals were for years the leading employers; but they have been overshadowed in recent years by services and small businesses, many of which depend upon tourism.

There are approximately 5,500 children under age six in the area; and according to the 1980 census, there are more one-parent families in the county than intact families (2,000 vs. 15,000 in 1980). The average household is 2.73 persons, (presumably one adult and more than one child in many instances), and the unemployment rate is only 5.3%. These statistics indicate that many adults are working, and those with children must leave them in the care of others.

B. Group Child Care

There are no industry-sponsored day care facilities in the county. Fifteen privately owned or church-sponsored preschool centers offer programs for a total of approximately 50 infants

and 1,000 toddlers and preschoolers. Public and private schools enroll approximately 200 children in kindergarten. Some centers offer after-school programs for school-aged children, and the YWCA offers after-school programs in every elementary school in the county. There are unknown numbers of private homes keeping up to six infants and preschoolers without being required to be licensed or supervised by State Day Care Licensing, and there are five individuals in the county who have requested or have obtained home-care licensing for the care of more than six youngsters.

The focus of the proposed program is on preschool centers in the area which employ four or more direct-care individuals to work with infants and preschoolers. There are ten such centers (excluding one Title XX and one Head Start center) in the county. Caregivers in these centers are all females, are primarily below age 40, and most have young children. Few of the caregivers have received any formal education beyond high school (although some directors hold 4-year college degrees).

The ten centers under consideration all operate for profit. Eight are director owned and operated, one is operated for a service agency, and one for a church. Five have programs for infants and five do not. One of the programs operates primarily for black families, and the others enroll primarily white children.

Training in the various aspects of child care is mandated for preschool center employees by the Day Care Licensing Division of the State to the following degree: New employees must receive

basic child care training (10 hours) within their first year from an approved training source. After that, some form of training is required within every three years for each staff member. Although this is the minimum legal requirement, the State Licensing Director and regional Licensing Supervisors encourage "quality day care" with increased opportunities for staff training.

C. The Author

The author holds a Master's Degree in Home Economics in the area of Child Development and is working toward an Ed.D. in Early and Middle Childhood. In addition to offering client-centered play therapy for a psychologist in private practice, consulting for various educational programs, and publishing six activity books which she has written, the author is on the staff at the local college (an approved training site by the Day Care Licensing Division) where she teaches basic Child Care courses and offers workshops and specialty courses for preschool center personnel on an "as needed" basis. In this capacity, she works closely with area preschool center employees.

Chapter II

Examination of the Problem

A. Existing Conditions.

Staff members of local preschool centers often participate in workshops and training programs at the local college and at area workshops and conferences sponsored by various associations and agencies. The college offers two Child Care courses (basic and intermediate) on a regular basis. In addtion, center directors sometimes request special training on particular topics for their staff members.

Caregivers often grow in knowledge and application of facts and skills related to child care, but they have difficulty applying abstract concepts learned in the college classroom once they are back in their preschool classrooms. Application of the concept of discipline as an intrinsic aspect of their program is particularly difficult.

Recently the author offered a short course on "Discipline" in which she focused almost exclusively on the communication concepts of "active listening" (reflecting back to others what they are feeling) and "I-messages" (expressing one's own feelings in non-hurting ways) when interacting with children. One center

director attended along with her staff and caregivers from other centers. Motivation was high, but even then, it was extremely difficult for trainees to carry back the two concepts and apply them during their busy days. Students explained that in the heat of daily action and distractions, they fell back on old habits and could not remember to try their new learning. This occurred in spite of the fact that occasional attempts had been made by some and were reported each time with amazement and great enthusiasm. The day care center director's comment at the time jokingly expressed the need for the author to be in each classroom so she could remind participants to carry out their new learning. This suggestion, made in jest, seemed to the author to have serious possibilities.

Telephone conversations with local directors of preschool centers yielded unanimous agreement that "discipline" is considered as the major workshop training need for each center in the community. As one director pointed out, "Positive attitudes toward children are an ongoing concern, and reminders are always welcome." The literature is in agreement that "discipline" or "affective interactions" with children are among the major training needs in preschools (Honig, 1985; Warner & Chrisman, 1983).

In the best of all possible worlds, all caregivers would make sure they understood all messages preschool children attempted to convey. They would encourage interactions by children with themselves and with each other. They would model assertive ways to interact. They would limit any behaviors which

infringed on the rights of others and on the safety of individuals and property, and those limits would never waver. On the other hand, there would be few other limits. All caregivers would use I-messages to express their feelings with no belittling of children. There would be praise for things gone right instead of criticism for things gone wrong. Caregivers would feel secure in their roles as adult leaders and would therefore not need to use power or threats in a bid for control. Discipline would be considered, as Dr. Fred Rogers (1982) sees it, as a loving gift from adults to children until they are capable of self-discipline.

Even in the "best" of programs, negative or non-approaches to child behaviors are typical in preschool centers nationwide. Positive approaches, though they are becoming familiar to caregivers, are often forgotten.

The problem facing the writer was that caregivers had difficulty applying positive approaches in their interactions with children while carrying out daily responsibilities of care and programming for groups of preschoolers.

B. Measurement of the Problem

A general statement of the need for more attention to affect in preschool centers in the area was expressed by the area Day Care Licensing Supervisor (See Appendix A).

The majority of preschool center directors in the area were enthusiastic toward a program to encourage positive discipline

approaches. They were, however, understandably hesitant to share information concerning employee faults or weaknesses.

Studies researching affect in preschool programs have used videotaping (Seaver & Orlando, 1977; Telleen, Durst & Lee, 1981) and/or paper and pencil ratings by individual teachers and their directors (Catron & Kendall, 1984). Center directors were willing to consider these approaches as long as information could be obtained without risk of staff embarrassment.

Literature on problems connected with low affect in preschool programs listed such needs as: respecting the feelings of children, allowing children to interact, more touching on the part of caregivers, modeling kindness, and the like. A questionnaire was developed which stated the above and other needs in less direct ways (See Appendix B).

The questionnaire was sent to each of the ten area centers considered for the program. The director of each center was requested to estimate the degree of training need for each staff member for each of thirteen statements of staff-child interactions and discipline approaches. Directors were asked to tally the number of staff members in the center having "great," "big," "medium," "some," and "no" need for training in each of the items listed. The items were not mutually exclusive, but were designed to state in a variety of ways the types of interaction deficiencies which had been noted in other centers (Finkelstein, et al., 1978; Honig, 1982; Honig & Wittmer, 1985; Logue, Eheart & Leavitt, 1986, Tyler & Dittman, 1980), and the types of "no-lose"

discipline approaches which are difficult without training (Faber & Mazlish, 1980; Ginott, 1972; Gordon, 1975).

Three of the ten directors returned blank forms and indicated the program was not desired in their centers. Another center was in the process of moving and the director was not sure how many new staff members she would have and what the training needs would be. Completed questionnaires were received for the remaining six centers, along with statements of desirability for the proposed program (See Appendix C). The response from the sixth center was received after the program was planned, and it will be necessary to provide training for that center after the practicum portion of the program is completed. Data from it is not included in this paper.

In order to obtain numerical estimates of need, the columns were given values: "great need" was given the value of 4, "big need" became 3, and so forth so that "no need" was 0. For each item, the number of staff members in each column was multiplied by the numerical value of that column, and lines were totaled to give a numerical total for each item listed.

An example would be:

	Great need(4)	big(3)	medium(2)	some(1)	no need(0)	
Item X	2	1	2	2		
	(2x4)	(1x3)	(2x2)	(2x1)		=17

Item X would then receive a value of 17 for that particular center which totaled 7 (2+1+2+2) staff members.

In the above way the most important affective training needs for each center were determined. Since centers had varying

numbers of staff members, totals could not be compared. Therefore, the number 1 was substituted for the highest total, 2 for the next highest total, etc. In the case of identical numbers, both were ranked ordinally with the same number, and the next highest number was omitted. For example, if there were ties for the highest and next highest items, the ordinal value of items would be 1,1,3,3,5,etc. Results of the questionnaires are given in Table 1.

Five of the six center directors selected as one of their major interaction or discipline needs: "Giving positive directions rather than 'no' and 'don't'." Four center directors selected the following items as top training needs: "Positive methods of getting children's attention," "being able to express own feelings in non-hurtful ways," "modeling acceptable ways to express anger/strong feelings," and "respond in caring ways to chid bids for attention." Half of the six directors selected: "attending to all children in the group," and "listening to children without lecture or judgment," as one of the five top needs. At least one director listed one of the following as a top training need: "focusing on children more than on adults," "knowing how and where to observe child behaviors," "paying attention to children's needs and problems," or "setting firm limits in non-hurtful ways." None of the center directors saw the following two statements as major training needs: "identifying children who need support," and "giving children names for their feelings." One center director added a related training need, "reporting unacceptable behavior to parents in a non-threatening

Table 1.

Ranked Training Needs for Six Area Preschool Centers: Results of a Questionnaire

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE (# of booklet designed to meet needs in parentheses)	CENTERS Ordinal ranking of training needs per center. (Duplicated numbers indicate ties.) A	B	C	D	E	F
1. IDENTIFYING CHILDREN WHO NEED SUPPORT (1)	13	10	12	9	9	13
2. FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS (none)	8	1	6	8	13	8
3. KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS (1)	1	7	1	7	8	6
4. POSITIVE METHODS OF GETTING CHILDREN'S ATTENTION (2)	2	10	9	4	1	1
5. LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT (3)	11	1	4	3	9	6
6. PAYING ATTENTION TO CHILDREN'S NEEDS AND PROBLEMS (3)	12	1	4	11	7	10
7. BEING ABLE TO EXPRESS OWN FEELINGS IN NON-HURTFUL WAYS (4)	5	9	11	5	1	3
8. MODELING ACCEPTABLE WAYS TO EXPRESS ANGER/STRONG FEELINGS (4)	4	7	6	1	1	3
9. RESPOND IN CARING WAYS TO CHILD BIDS FOR ATTENTION (3)	5	4	3	10	5	8
10. ATTENDING TO ALL CHILDREN IN THE GROUP (3)	5	12	9	11	1	1
11. SETTING FIRM LIMITS IN NON-HURTFUL WAYS (5)	10	6	6	1	11	11
12. GIVING CHILDREN NAMES FOR THEIR FEELINGS (5)	8	13	12	11	12	12
13. GIVING POSITIVE DIRECTIONS RATHER THAN "NO" AND "DON'T" (2)	3	4	1	5	6	5

(The highest ranking training needs for each center are underlined.)

way," but she did not indicate the number of staff with this need, so it could not be tabulated among her top five needs.

C. Basis for the Problem

There are many causes for the problem of negative or non-interaction toward children in preschool centers. Probably the major one is society's attitude toward children in the United States. Children are, in general, seen as having less serious feelings, and as being of less worth than adults (Fischer & Lazerson, 1984). These attitudes are reflected in enormous numbers of reported physical, emotional, and sexual abuse of children. Changes in these behaviors and attitudes involve changes in values. And values are extremely difficult to change (Kohlberg, 1981).

Another possible cause of negative or non-interaction toward children is the unfortunate circumstance that preschool employees receive little training prior to beginning minimum-wage positions in charge of large groups of young children in preschool programs (Willer, 1987). They are usually isolated from more experienced employees, and often their major resource for methods of interaction with children is how they remember having been treated by their parents, and how their own teachers modeled interactions with children. Most public schools in the area still model authoritarian control with the assumed right for adults to belittle and hit children.

Wolfgang and Glickman (1980) believe that teachers interact with students differently as their theories of child development

differ. If, for example, they lean toward the "blank slate" theory that children must be molded and taught from without (interventionists), they tend to use such conditioning techniques as those developed by B. F. Skinner. If teachers believe a child grows with all development coming from within (non-interventionists), they tend to use such advice as Carl Rogers' to provide a rich environment, observe, and offer feedback of the child's thoughts and actions. Those who believe children have the capacity to blossom from within, yet need guidance from without in the directions they take, are termed "interactionalists." Jerome Bruner and Alfred Adler are examples of leaders in this category. Wolfgang and Glickman, 1980, p. 253-258) offer a paper and pencil inventory developed by Tamashiro which teachers can use to determine their philosophical leanings. Spidell (1986) felt that teachers intervened in child-child interactions on the basis of their philosophies toward play. In order to make changes in one's behavior, changing the belief system may be necessary; and there is great difficulty in changing beliefs (Mogar, 1969).

Much of affective interaction with children involves doing things differently. That means changing long-standing habits. And changing habits, as all dieters and former smokers know, is extremely difficult.

There was no indication that any preschool employees known to the author intended harm to the children in their care. To the contrary, most have sought employment working with children and have endured its long hours and meager pay because they like

children and want to do well in their jobs. Many local day care employees have attended workshops at their own expense and have traveled to out-of-town workshops on their precious days off. Some have read on their own in order to better themselves in their jobs. The picture was not bleak. The need was not to start over with new staff. The need was for caring employees to have a guide beside them to encourage them as they became comfortable in adding more positive adult-child interaction (affect) to their programs (Mogar, 1969).

D. Literature on the Problem

There was certainly justification in the literature for developing a program to encourage positive affect in preschools. Wassermann (1985) addressed the question, "What functions can teachers perform to reflect what is absent from the lives of children today?". Her first response was, "the elevation and nurturing of children's feelings," and her second response was, "the promotion of interpersonal skills" (other needed functions were "promotion of higher-order thinking capabilities," "nurturing of creativity and imagination," and "development of moral and ethical behavior"). She encouraged videotape self-evaluation for teacher growth in development of the above areas.

Tyler and Dittman (1980) observed interactions of toddlers and their caregivers in home and in day care center settings. They described the center atmosphere as pleasant with rare anger or physical punishment, but "It is clear that physical contact

between toddler and caregiver was minimal. Even attentive caregivers rarely touched the children...caregivers rarely picked up, patted, or fondled a child, or engaged in nonutilitarian playfulness..." (p. 43). In both home and center child care settings, the authors stated that eye contact occurred only three percent of the time. Five years later, Honig and Wittmer (1985) observed toddler-adult interactions in a preschool program and were discouraged to discover that caregivers gave negative or no responses to one-third of toddler bids for help, that toddlers were ignored one-fourth of the time they sought attention, and that when toddlers approached caregivers with pats and affection they were ignored one-fourth of the time and given inappropriate responses such as "teaching facts" 31% of the time instead of returned affection. They found that toddlers in the observed program only sought information in 5% of their interactions with adults, but that one-fourth of those meager efforts were ignored. They state that, "Care givers who notice and respond to positive behaviors (no matter how small) while firmly helping children control negative behaviors can build feelings of self worth and enable children to behave more positively" (p. 26).

The April 1982 issue of Educational Leadership was dedicated to "affective education." In that issue, Aspy and Roebuck (p. 488-493) gave arguments for the soundness of investing money initially in developing positive affect in teachers. Combs (p. 495-497) pointed out that "self-concept, feelings of challenge or threat, values, and feelings of belonging or being cared for - four highly affective factors - are all known to influence the

learning process." In the same publication, Newberg and Loue (p. 498-500) told of an affective education program which has been in effect in Philadelphia public schools since 1967, and which has raised functional levels.

Honig (1982), in a review of studies on the development of prosocial behaviors in preschoolers, stated that "caregiver practices rather than toddler intransigence have been found by many researchers to predict toddler cooperation and compliance" (p. 56). She stated further that merely having altruistic behaviors modeled does not increase helpfulness in children, but that such modeling by nurturant caregivers does produce positive change.

Finkelstein, et al. (1978) studied the behavior of infants and toddlers in a day-care environment and found that the availability of peers does not produce a predominance of peer interactions. To the contrary, before the age of 4 or 5, the majority of social interactions of children are with caregivers. The implication is that caregivers must interact with children individually, even in group settings, in order for children to receive minimal interactions. The study further stated that eye contact was a catalyst necessary for social learning.

Haiman (1984) summed up the danger of negative or non-interaction between caregiver and child in a "Viewpoint" statement in Young Children. "With the best of intentions parents and early childhood educators can harm young children when adult behavior does not reflect an awareness of and sensitivity to

children's emotional and social strength and vulnerability" (p. 8).

Literature in the areas of education, child development, and psychology was searched for possible programs to replicate in order to increase positive affect in preschools. Some studies had attempted direct training of children: In affective skills through games (Carlson, 1986); in interpersonal problem solving through lessons with puppets (Vaughn & Brett, 1986); and in empathic skills by using pictures and questioning (Ridley, et al., 1982). Results from these approaches were non-significant or marginal, at least partly because of the inadequacy of evaluation tools to measure changes in affect in young children.

Gray and Wandersman (1980) reviewed seven adult-child intervention programs they considered outstanding. The programs they studied had been carried out in homes with parents instead of in centers with non-parent caregivers, but they gave insight into necessary concerns and possible pitfalls when programming for adult-child affective interaction. They caution that goals should be those of the persons receiving training, that the close relationship of working one-on-one can cause dependency, that the trainer must be cautious not to overwhelm and increase feelings of inadequacy in the caregiver, and that the trainee's authority and her network of resources should not be undermined.

Gray and Wandersman (1980) cast grave doubt on the legitimacy of measuring the child's development in such areas as cognitive development or language skills in order to "prove"

results of a program designed to enhance adult-child interaction. Zahorik (1977) agreed that use of students' achievement to measure teacher effect has been "inconsistent and confusing."

A study by Aspy and Hutson (1972) is not directly applicable to the present program. However, their summary gave the author the precisely defined avenue she wished to travel when offering the program to caregivers: "The patterns which characterize a teacher (guide) who tends to promote the child's (caregiver's) own goals involve using praise, avoiding the use of criticism, using student-initiated ideas, being aware of the meanings that a situation has for a student, being genuine in his responses, and showing positive regard for the student as a person" (p. 59).

Peterson (1984) implemented an in-service training program for caregivers in one center with the hope of increasing observational skills, knowledge of normal development, and program design. Although her goals and methods were not directly applicable to a multi-center approach to raise positive affect, some of her program design was of major interest. She used videotaping of caregivers as the basic evaluation tool, and had students observe themselves and set their own goals.

Orlando (1977) offered a plan for teacher observation and categories to look for when self-evaluating. Telleen, Dunst and Lee (1981) developed codes for observation of adult and child interaction behaviors when observing in preschools. These codes differ from those created by Seaver and Orlando (1977), but both give excellent ideas for ways to focus on-site observation of adult-child interactions.

Catron and Kendall (1984) praised self-evaluation through the use of videotaping, but they made the point that evaluation of oneself is threatening to caregivers, and that only a few items should be available to focus on before they begin self-viewing so caregivers will refrain from focusing on their appearance and mistakes they feel they have made. Cautions given by Catron and Kendall (1984) for the trainer or director toward the caregiver were ironic: They advised the trainer to use "active listening" and "I-messages," the two aspects of positive interaction which had originated consideration by the writer of the proposed program. They found that progress could be shown in one month toward improvement in classroom discipline when caregivers set clear goals for themselves.

Chapter III

Anticipated Outcomes and Evaluation Instruments

A. General Goal

The general goal of the program was for caregivers to apply positive approaches in their interactions with children during their daily preschool programs. Expectations were that: caregivers caring for infants through five-year-olds in community preschool centers would be interacting more with children, their interactions would be of a more positive quality, they would be able to express themselves more freely, and they would be able to limit children's unacceptable behaviors without power struggles or hurt feelings.

B. Objectives

The many aspects leading to more positive caregiver approaches in their interactions with children were grouped as follows:

Objective #1 - Caregivers would show a 25% improvement in room- and observation-related aspects of affect, as measured by CARE items A1-A4 and F1-F6 (See CARE form in Appendix F).

Objective #2 - Caregivers would show a 25% improvement in adult-adult communications related to affective interactions, as

measured by VSE item 1 and CARE items B1 through B3 (See VSE form in Appendix G).

Objective #3 - Caregivers would show a 25% improvement in unsolicited positive interactions with children, as measured by VSE items 3,6 and 7 and CARE items A2, B2, C1-3 and F6.

Objective #4 - Caregivers would show a 25% improvement in responses to child bids, as measured by VSE items 2 and 4 and CARE items A3-4, D1-6 and F6.

Objective #5 - Caregivers would show a 25% improvement in discipline approaches to children, as measured by VSE item 5 and CARE items A1-2, A4, C2, D2, D5, and E1-7.

C. Evaluation Instruments

Table 2 gives in detail the proposed plan for the measurement of objectives, and the acceptable standards of performance for the success of the program (See Table 2).

Five evaluation tools were to be used in the program. One, a Faculty Evaluation form (See Appendix O), was distributed for use by the college. The remaining four were developed by the writer for the program. One, the Videotape Self-Evaluation (VSE), would be used by the author (guide) and each caregiver on the second and ninth sessions in a center as they observe a videotape of the caregiver interacting with the preschoolers in her care (See VSE form in Appendix G).

The Videotape Self-Evaluation would allow the caregiver to count her interactions with other adults and with children (both self-initiated and in response to bids from children), and to set

Table 2

Program Objectives, Methods of Evaluation, and Acceptable Standards of Performance After Evaluation

OBJECTIVES	MEASUREMENT	STANDARD OF PERFORMANCE
Room/ Self in Room		
1. Minimize problems through attention to classroom arrangement.	CARE item A1	25% increase
2. Know where and how to observe and be available to children in the classroom.	CARE items A2, A3, A4	25% increase each
3. Provide a positive atmosphere in which children feel free to explore and interact with peers and caregiver.	CARE items F1, F2, F3, F4, F5, F6	25% increase each
Interaction with Adults		
4. Minimize interaction time with adults in order to give more time to children.	VSE item 1 CARE item B1	25% decrease 25% increase
5. Communicate behaviors of children to staff and parents in helpful ways.	CARE items B2, B3	25% increase each
Unsolicited Interactions with Children		
6. Be aware of and give attention often to each individual child.	VSE items 3 and 7 CARE items A2, C1, F6	25% increase each 25% increase each
7. Get children's attention in positive ways.	VSE items 3 and 7 CARE item C2	25% increase each 25% increase
8. Express her own strong feelings in non-hurtful ways.	VSE item 6 CARE items B2, C3	25% increase 25% increase each
Response to Child Bids		
9. Increase the number of child bids for help or attention to which she responds.	VSE item 2 CARE items A3, A4, D2, D4, F6	25% increase 25% increase each
10. Respond to children in friendly, positive ways without lecture or judgement.	VSE item 2 CARE items D1, D2, D3, D5	25% increase 25% increase each
11. Interact with children on eye level with frequent eye contact.	CARE item D3	25% increase
12. Increase incidence of touching, patting, physically interacting in loving, playful, non-hurting ways with children.	CARE item D5	25% increase
13. Attempt to reflect the feelings children seem to feel.	VSE item 4 CARE item D6	25% increase 25% increase
Discipline		
14. Respond to children's feelings while maintaining firm limits on allowable behaviors.	VSE item 5 CARE items D2, E1, E2 E3, E4, E6	25% increase 25% increase each
15. Protect children from harm, equipment from damage, rights from infringement.	CARE items A1, A2, A4, E1, E2, E3, E7	25% increase each
16. Avoid unnecessary rules.	CARE item E5	25% increase
17. Tell children what is expected, praise acceptable behavior, rather than focus on negative behaviors.	CARE items C2, D5, E6, E7	25% increase each

goals for herself. Self-evaluation would take place while viewing her videotape in a private session with the guide.

During self-evaluation, the caregiver and guide would both have a score sheet for the VSE with sections for tallying the caregiver's communications: with adults, in response to children, and unsolicited to children. Negative comments would be tallied (identified as a communication) and would not be treated separately in scoring. Methods of coding and working definitions would appear on a practice scoresheet (See Appendix G) and would be discussed by the guide. Once a communication was tallied, it would be additionally coded if it: reflected a child's feelings (underlined); set a limit in a non-negative way (X'd over); made the child feel good (circled); or reflected the caregiver's feelings (boxed). Tallies and coding would have the effect of focusing the observation for the caregiver. The guide would assist the caregiver as she watched the videotape and scored her interactions. The caregiver would then establish her self-goals for the program.

Another evaluation tool, the Caregiver Affect Rating Evaluation (CARE), is a paper and pencil tool which would be used before and after the program in each center (See CARE form in Appendix F). Initially, center directors would rate each of their staff members on it, and each caregiver would rate herself. The guide (the writer) would use the CARE after her second week in each classroom to get baseline information on the amount and quality of affect observed. The CARE allows the caregiver and others to focus on a variety of affective aspects of the

caregiver's program in order to measure performance in general as opposed to momentarily as in the VSE. The CARE is detailed and specific and should aid the caregiver in establishing her program goals. At least a 25% increase in total scores by each observer and by herself was expected on the CARE for each caregiver at the final session in her center.

A Director Evaluation form (See Appendix M) was developed for each director to complete when the program ended in her center. Each caregiver was asked to fill out a Program Evaluation form (See Appendix N) anonymously at the end of her portion of the program. This form would help identify caregiver's feelings toward the various facets of the program.

No attempt would be made to use a change in child behaviors as an indication of success in the program. However, incidents of new behaviors by children would be watched for, and it was hoped that their affect would also increase by the end of the program.

Chapter IV

Solution Strategies

A. Solutions of Others

With the exception of Honig and Wittmer (1985), whose observers actually sat in the classroom, studies observing caregiver interactions with preschoolers have used audio tape or videotape recordings (Aspy & Roebuck, 1982; Seaver & Orlando, 1977; Telleen, Durst & Lee, 1981) either for training or evaluation or both. None of these studies offered training to raise the quality of affect in preschools.

Studies which concentrated on affect and adult-child interactions (reported in Gray & Wandersman, 1980) often measured some child behavior as the method of analyzing the study, and findings were disappointing. Fagot (1977) had her observers record affect in a preschool setting; but this was not the focus of her study, and she merely stated that caregivers showed no significant difference between the amount of favorable and unfavorable attention they showed to either sex of child.

The affective taxonomy developed by Bloom and others (1964), the Teacher Effectiveness Training program developed by Gordon (1974), and parent-training programs such as the one developed by Faber and Mazlish (1980) offer appropriate content for any program to aid positive affect between adults and children. These writings

would be used as the basis for training portions of the proposed program.

B. Local Considerations

The program would be offered through a local college Child Care program so that continuing education credits could be available to participants. The college is flexible enough to allow for on-site training. Its basic guidelines for employees would, naturally, need to be followed; but no demands from the college would modify the program. In fact, its reputation for quality training enhanced interest in the proposed program.

Administrators at the college were interested in results of the program. They are considering the possibility of on-site training as a viable alternative to vocational classes for day care center staff members.

The area Day Care Licensing Supervisor requested that all center staff, including the director, be enrolled in the program. Her reasoning was that if a few employees were trained, they might take their learning with them if they left the center, and positive affect might no longer be "in the woodwork," so to speak. She felt that including all staff would help to insure positive center-wide change. In some centers it might not be possible for directors to take over direct care, but they could participate in other aspects of the program.

Most center directors to whom the writer talked showed interest in and enthusiasm for the proposed program, but several stated concerns or reasonable limitations such as no additional

staff hours for which they must pay, minimal disruption to the daily program, and avoiding danger to children. One director considered the possibility of not being able to receive parent permission for videotaping, even though it would only be for in-house educational purposes. Some directors exercised their right to refuse to have the program in their centers, and others were unsure that they could develop interest in the program by all staff members.

For logistic purposes, the author limited the practicum portion of the program to centers with four or more staff members. There are ten such programs in the area, and six of these indicated interest in participation in the program.

Since the program involved interaction with children during a normal work day, it could not be carried out in the evening, when the writer usually offered training programs. She was limited by other professional commitments to one-half day a week for on-site implementation of the program; and that day was, of necessity, to be Monday.

The proposed program focused on adult-child interactions. Many of the caregivers who would be in the program were accustomed to having the writer as a teacher of child development at the local college. She would need to avoid critique of classroom programming in order to concentrate on affective interactions.

C. General Plan

Funding: The writer, as a member of the college Vocational-Technical staff, enrolled the staff members of one day care center at a time into the program. The center paid $15 for each staff member. Since the program was carried out in the centers, there was no overhead and the only expenditures by the college were an hourly contract with the writer and minor printing costs. A grant of federal funds to the college through the Department of Vocational and Adult Education provided the writer's wages. The centers had limited funds, but center directors felt $15 each was reasonable since it was exactly the amount which would be paid to send one staff member to a Saturday conference. Directors also realized that each staff member would receive more hours of credit and more individual assistance than she would receive at a one-day meeting.

Credits: The college offered 20 hours of Continuing Education (non-degree) credit to each center staff member who successfully completed the course. Successful completion of the course included participation in each portion of the program. Make-ups were possible, and indeed many of the caregivers repeated one or more facets of the program up to three times until the guide was satisfied that the concept had been understood.

Initial contact with a center: Contact had previously been made with each center (see Chapter II) by telephone and in writing. The guide scheduled each center in the sequence in which she had

received its questionnaire. Her initial visit to the center (Day 1) accomplished several purposes: She brought registration forms from the college to be filled out and Caregiver Affect Rating Evaluation (CARE) forms (see Appendix F) for directors to evaluate caregivers and for caregivers to evaluate themselves; she visited each classroom to shake each caregiver's hand, give her a brochure describing the program (see Appendix E), and urge the caregiver to call if she ever had questions during the program. The writer made a mental decision as to where she would position herself when videotaping each caregiver; she gave the director brochures for the parents of each child with videotaping permission forms to be returned (see Appendix D); and she arranged with the director for a quiet place where she and each caregiver could meet in private for 1/2 hour when viewing the videotape and establishing individual goals.

Videotaping: On the next visit (Day 2), caregivers were videotaped by the guide one at a time for 30 minutes each as they interacted in a free play situation with the children in their group. When two caregivers shared a group, the camera was focused on one for half the time, then focused on the other. In centers where six or seven staff members were enrolled, each person was videotaped for only 15 minutes in order to work within the battery capacity of the camcorder.

Viewing the videotape: The next week (Day 3) the guide met individually with caregivers in the order in which they were

videotaped. She and the caregiver went over the Codes and Practice Sheet prior to using the Videotape Self-Evaluation Form (VSE, see Appendix G). Then the monitor was turned on and that caregiver's portion of the videotape was viewed. The guide and the caregiver independently scored VSE forms on the caregiver's interactions with children. After viewing for 15 minutes, the guide helped the caregiver review her CARE self-evaluation and the performance just seen in order to set up goals for the program.

Program booklets: The guide created five booklets for the program (see Appendexes H through L), each dealing with one or more of the highest rated needs for the initial questionnaire received from center directors (see Table 1). Each booklet was printed on a different color paper with two or three pages folded over. Caregivers were encouraged to read each booklet carefully, since it would introduce the concept for the next session. There was "homework" consisting of fill-in-the-blanks or short answer questions in each. The first booklet was given to each caregiver before she left the videotape viewing. She was told that the guide would return in one week to observe her carrying out the approach described in the booklet. Caregivers were again encouraged to call the guide if there were any questions.

Observation: Beginning on Day 4, the guide spent 30 minutes in each classroom each Monday as caregivers carried out normal duties during a free-play session. She did not sit quietly or take notes. Rather, she functioned almost as an aide as she modeled positive

interactions and reinforced any positive interactions from caregivers to children. She attempted to function as the person Mogar (1969) described as needed by one's side during the vulnerable time of value and belief change which occurs during experiential learning. Her task was similar to that of the client-centered therapist, whom Carl Rogers (1961, p. 55) characterized: The more he or she can "keep the relationship free of judgment and evaluation, the more this will permit the other person to reach the point where he recognizes that the locus of evaluation, the center of responsibility, lies within himself." In Wolfgang and Glickman's (1980) terms, the guide would have the task of changing from "interventionist" to "interactionalist" with the goal of functioning as a "non-interventionist" as quickly as possible.

This first day of the observation portion of the program focused on "where to look and what to see" (see the booklet for focus #1 in Appendix H). Caregivers were encouraged to find appropriate observation stations from which to work. They analyzed their rooms and changed areas of potential danger. They attempted to give attention to each of the children in positive ways, and to avoid having their backs to anyone as they interacted with individual children. Booklets on the next week's focus were handed out and the first booklet was collected for critique.

Days 5, 6, 7 and 8 proceeded in the same fashion as Day 4. The guide arrived with a written critique of caregiver performance in the prior booklet and of classroom observations the week before. She returned the former booklet and the critique to the caregiver

and collected the completed book for the current week. The second focus was "positive directions" (see Appendix I for the booklet for focus #2). Caregivers were expected to practice saying the name of a child before giving a direction; using a low melodic voice except in emergencies; modeling good manners; and, most importantly, telling children what behaviors were wanted rather than saying "no" and "don't."

The third focus (Day 6) was on "responding to children" (see booklet #3 in Appendix J). On this day caregivers were expected to look for acceptable behaviors and communicate their pleasure to children. They were encouraged to get on eye level when communicating with children, to maintain eye contact, to go to children rather than expecting children to come to them, to be aware when children looked at them, and to make sure they gave attention to all children frequently. They were encouraged to respond to all bids for attention, and to touch children if center policy allowed touching for affection.

"Grownups have feelings too" was the focus on Day 7 (see booklet for focus #4 in Appendix K). Caregivers were encouraged to name how they felt, describe the child's behavior which caused that feeling, and state any natural consequences. An example would be, "I feel happy when I see you two boys playing with no fussing. Now I don't feel I have to keep you apart all the time."

The fifth and final focus (Day 8) was "listening to feelings" (see booklet #5 in Appendix L). On that day caregivers were encouraged to put into words the feelings they thought children were expressing with their actions, words, and expressions.

Weekly visits: After a booklet was handed out, it was assumed that each caregiver would study it, do the work in it, and begin to practice it with her group of children. The next week the guide arrived to collect the booklet, leave another, and spend thirty minutes beside the caregiver helping her perfect the interactive concept which had been studied. If two caregivers shared a group, the guide worked with both. The guide reminded the caregiver(s) of the concept to be practiced, then she reinforced each effort the caregiver made. If no attempts at practicing the concept were evident, the guide interacted with the children, giving examples of how the caregiver could use the concept. She explained how the caregiver could rephrase a statement made in order to use the concept (for example, changing a negative statement into a positive one).

Completion of each concept: The guide inspected the caregivers' work in each booklet. She made written comments on how well she felt the caregiver had grasped the concept in the booklet and had applied it in her work. If the guide felt the caregiver needed to reread the booklet and do more written work, she provided these materials the next week. Observation sessions were cumulative in that once a concept was introduced, it was reinforced each time a caregiver was observed interacting with children in that way. Some concepts were more difficult for some caregivers than others, and there was no shame involved in additional practice with a

particular concept. Indeed, after four sessions, each caregiver might be practicing two different concepts.

Audio tape: Literacy is not a requirement for employment as a caregiver in the writer's home state. In the event that any caregiver was unable to read the booklets, the guide had recorded them onto an audio cassette. Pauses were built into the tape so that caregivers could follow the tape to write (or tell others to write) their homework responses.

Final videotaping: After caregivers practiced the fifth concept and had received written comments, the guide waited one month before returning to again videotape each caregiver (Day 9). In her final comments, the guide urged each caregiver to reread all of the booklets and continue to practice the concepts while awaiting her return to videotape. The final videotaping proceeded as the first. The one month delay was built into the program in order to gain a picture of the caregiver's skills with the concepts over time. In the month prior to returning, the guide began the same program with another center. CARE forms were again left with the first center for caregivers to self-evaluate and for the center director to fill out on each caregiver. The director was encouraged to rate each caregiver without putting names on the rating sheets. If the director was enrolled in the program, she would fill out only one with her name on it for herself. The director was given the Director's Evaluation form (see Appendix M), and caregivers

were given the Program Evaluation form (see Appendix N) and the Faculty Evaluation form (see Appendix O) to complete.

Final viewing: A week after videotaping, the guide met with each caregiver again to view the caregiver's interactions with children (Day 10). The VSE was again tallied by both the guide and the caregiver during 15 minutes of video observation. The guide then gave the caregiver a verbal critique which emphasized growth the caregiver had made in any and all of the concept areas. Often the tape was put on pause in order to show the caregiver how effective her interactions with a child had been, or to point out what could have been said or done based on concepts which had been introduced in the program. The guide went over each of the goals the caregiver had set for herself at the beginning of the program, and they discussed whether or not those goals had been achieved. Beautiful certificates for 20 hours of continuing education credit were handed out to each caregiver at that time.

Follow along: Approximately one month after the final videotaping, and two months after the final "training," the guide made arrangements with the director to "pop in" to the center one or two times for observation (Day 11). Again the guide would interact with the children and the caregiver in each group to encourage, reward, and remind caregivers of the various concepts studied in the program.

Chapter V.

Results, Conclusions and Recommendations

A. Results

Objective #1 looked at the set-up of the room, the observation skills of the caregivers, and the general emotional climate. CARE items A1 through A4 and F1 through F6 were examined for gains in these areas. The objectives for the program were based on predictions of 25% gains in CARE scores. If there was an initial total score of over 108 for an item, it would be impossible to achieve a 25% gain 145 being a perfect score). Twenty of the twenty seven caregivers who completed the program rated themselves over 108 on the initial evaluation, and directors at the various centers gave a total of twelve caregivers initial scores over 108. As one director stated, "If we can't toot our own horn, who else will?" The writer scored only three caregivers over 108 initially. Therefore, only the writer's CARE scores can be used in analysis of the program.

Analysis (see Table 3) of the total of the writer's scores for all 27 caregivers on the above ten items for objective #1 yielded a total of 830 on pre-test and 1047 on post-test. A 26.1% gain in total scores indicates that objective #1 was achieved. Of particular interest is the fact that items A2, A3 and A4: three of the four items specifically addressed in the program (along with

Table 3.

Objective #1: Gains on Room- and Observation-related Aspects of the Program as Measured by Caregiver Affect Rating Evaluation (CARE)

Room- Observation-related CARE Items	Total Scores for 27 Caregivers: Pre-program	Post-program	Total Difference	% Gain*
A1. Minimum prob. areas	90	104	+14	15.6%
A2. Where to observe	76	119	+43	56.6%
A3. Support which children	83	120	+37	44.6%
A4. Near crisis areas	79	110	+31	39.2%
F1. Child. free to explore	102	122	+20	19.6%
F2. Relaxed atmosphere	95	112	+17	17.9%
F3. Child. high self-esteem	87	107	+20	23.1%
F4. Adult high self-esteem	89	106	+17	19.1%
F5. Child-child interactions allowed/appropriate	97	117	+20	20.6%
F6. Adult-child interactions allowed/appropriate	96	115	+19	19.8%
	830	1047	+217	26.1% av. gain

Table 3a.

Objective #1: Gains by Center on Room- and Observation-related Items of CARE

Room- Observation-related CARE Items	Centers* 1	2	3	4	5
A1. Minimum prob. areas	-9.1%	35.7%	3.8%	12.0%	42.9%
A2. Where to observe	40.0%	160.0%	40.9%	25.0%	64.3%
A3. Support which children	128.5%	33.3%	45.0%	38.1%	29.4%
A4. Near crisis areas	55.5%	69.2%	33.3%	19.0%	40.0%
F1. Child. free to explore	14.3%	13.0%	11.1%	31.8%	31.3%
F2. Relaxed atmosphere	14.3%	11.8%	7.7%	27.3%	31.1%
F3. Child. high self-esteem	27.3%	-5.0%	4.2%	57.9%	46.2%
F4. Adult high self-esteem	8.3%	21.1%	14.3%	23.8%	25.0%
F5. Child-child interactions allowed/appropriate	36.4%	9.1%	3.7%	38.1%	31.1%
F6. Adult-child interactions allowed/appropriate	15.4%	14.3%	0.0%	35.0%	46.7%

*Underlined gains of 25% or more.

A1) showed gains well beyond 25%, while the items not emphasized by the program did not show 25% gains. Table 3a shows the break down of percentage gains by individual center for each of the items in objective #1. Readers should be cautioned that percentage gains mean little when there are as few as four caregivers in some of the centers. However, the data in Table 3a indicate that some items yielded increases in each center, and some in only a few. In some centers, small gains may indicate high initial scores rather than lack of effort on the part of caregivers.

Objective #2 dealt with the quality of caregiver interactions with other adults. This objective was not addressed directly in the program. Scores were initially higher than average in this area (4.2, 3.8 & 3.4 of a possible 5 points), and there were no appreciable gains (see Table 4). Objective #2 was not met.

Objective #3 looked at "unsolicited positive interactions with children" - in other words, communications from the caregiver which the child was not initially expecting (examples would be giving directions, giving facts, giving praise unexpectedly). VSE items 3,6 and 7 and CARE items A2, B2, and C1 through C3 and F6 were initially selected as the items to be used to measure objective #2. Unfortunately, it was difficult to compare VSE scores before and after the program. The VSE was designed to tally the number of communications during a specific period of time. During the videotaping and viewing, time could not be controlled exactly. The VSE proved to be a very useful tool to focus observation of communications, but its total scores are not particularly meaningful. See item 3. in Table 8 for results on the VSE by

Table 4.

Objective #2: Gains on Adult-Adult Communications as Measured by Caregiver Affect Rating Evaluation (CARE)

	Total Scores for 27 Caregivers			
Adult-adult CARE Items	Pre-program	Post-program	Total Difference	% Gain*
B1. More time w/child than w/adult	114	120	+6	5.3%
B2. Helpful to staff	103	110	+7	6.8%
B3. Helpful to parents	93	90	-3	-3.2%
	310	320	+10	3.2% av. gain

Table 4a.

Objective #2: Gains by Center on Adult-Adult Communications Items of CARE

	Centers*				
Adult-adult Communication Items on CARE	1	2	3	4	5
B1. More time w/child than w/adult	0.0%	4.2%	3.7%	11.1%	9.5%
B2. Helpful to staff	0.0%	0.0%	3.8%	23.8%	0.0%
B3. Helpful to parents	-6.6%	0.0%	0.0%	-9.1%	0.0%

*Underlined gains of 25% or more.

Table 5.

Objective #3: Gains on Unsolicited Positive Interactions With Children as Measured by Caregiver Affect Rating Evaluation (CARE)

Unsolicited Positive Interaction CARE Items	Total Score for 27 Caregivers Pre-program	Post-program	Total Difference	% Gain*
A2. How and where observe	76	119	+43	56.57%
B2. Communicate w/staff helpful	103	110	+ 7	6.8%
C1. Gives individual attention to each child	72	108	+36	50.0%
C2. Uses positive ways to get child attention	73	109	+36	49.3%
C3. Express own feelings in positive ways	39	63	+24	61.5%
F6. Adult-child interaction allowed	96	115	+19	19.79%
	459	624	+165	35.9% av. gain

Table 5a.

Objective #3: Gains by Center on Unsolicited Positive Interactions With Children Items on CARE

Unsolicited Positive Interaction CARE Items	Centers* 1	2	3	4	5
A2. How and where observe	40.0%	160.0%	40.9%	25.0%	64.3%
B2. Communicate w/staff	0.0%	0.0%	3.8%	23.8%	0.0%
C1. Gives individual attention	100.0%	41.2%	26.3%	71.4%	42.9%
C2. Uses positive ways to get child attention	66.6%	61.5%	25.0%	52.9%	57.1%
C3. Express own feelings in positive ways	100.0%	30.0%	87.5%	30.0%	100.0%
F6. Adult-child interaction allowed	15.4%	14.3%	0.0%	35.0%	46.7%

* Underlined gains of 25% or more.

center. As seen in Table 8, caregivers were providing an average of over 33 unsolicited communications to children during approximately 15 minutes of viewing before and after the program, but this does not indicate the quality of the interactions. In some cases the unsolicited communications could have been negative ones such as telling "no" and "don't."

Table 5 shows that the CARE scores for unsolicited communications were initially low, especially item C3 (39, or an average of 1.4 out of a possible 5 per caregiver), which dealt with caregivers expressing their own feelings in non-hurtful ways. In spite of gains, this item remained below average after the program for each caregiver (63 or 2.3 of a possible 5), indicating that expressing her own feelings was difficult, even with encouragement.

Gains in unsolicited positive interactions were dramatic after training. Table 5a indicates that there were uniformly high gains across centers on each item with the exception of B2. B2 was high initially (103, or 3.8 average per caregiver), therefore large gains were not possible. Caregivers were often isolated from other caregivers. But even in rooms employing more than one caregiver, there was little adult-to-adult interaction during observation periods. The average gain of 35.9% in Table 5 indicates that objective #3 was met.

Objective #4 looked at caregiver responses to children's bids for attention. On the VSE, the number of times individual children snuggled near a caregiver hoping for a hug, asked the caregiver a question, cried for help, or otherwise expected attention were not counted. Each time a caregiver interacted with a child in response

Table 6.

Objective #4: Gains on Responses to Child Bids as Measured by Caregiver Affect Rating Evaluation (CARE)

Response to Child Bids CARE Items	Total Score for 27 Caregivers Pre-program	Post-program	Total Difference	% Gains*
A3. Support which children	83	120	+37	44.6%
A4. Near crisis areas	79	110	+31	39.2%
D1. Listens to children without judgement	93	119	+26	28.1%
D2. Respects/Attends to child	98	123	+25	25.5%
D3. Interacts on eye level with eye contact	104	131	+27	26.1%
D4. Available for child bids for comfort, etc.	104	129	+25	24.0&
D5. Touches, shows affection	91	121	+30	33.1%
D6. Gives child. names for their feelings	51	77	+26	51.1%
F6. Adult-child interactions allowed/appropriate	96	115	+19	19.8%
	799	1045	+246	30.8% av. gain

Table 6a.

Objective #4: Gains by Center on Response to Child Bids for Attention Items

Response to Child Bids CARE Items	Centers* 1	2	3	4	5
A3. Support which children	128.5%	33.3%	45.0%	38.1%	29.4%
A4. Near crisis areas	55.5%	69.2%	33.3%	19.0%	40.0%
D1. Listens to children	36.4%	10.0%	28.0%	47.4%	22.2%
D2. Respects and attends to	14.3%	27.8%	22.2%	33.3%	27.8%
D3. Eye level/eye contact	20.0%	17.4%	17.9%	31.8%	50.0%
D4. Avaliable for child bids	21.4%	17.4%	28.0%	16.0%	43.8%
D5. Gives touches, affection	25.0%	3.8%	40.0%	52.6%	57.1%
D6. Names child feelings	85.7%	44.4%	60.0%	11.1%	114.3%
F6. Adult-child interaction	15.4%	14.3%	0.0%	35.0%	46.7%

* Underlined gains of 25% or more.

to such bids for attention was counted. In Table 8, item 2 indicates that caregivers were responding to children rather frequently (an average of 20 times in approximately 15 minutes) before the program began, and that three of the centers had high gains in responding to child bids for attention. Table 6 also indicates that responding to children was high initially except in the area of giving children names for their feelings (D6), and that even with high initial scores almost every item received over 25% gains after the program, indicating that objective #4 was reached. Table 6a shows that gains occurred on most of these items in each of the five centers.

Objective #5 involved positive discipline approaches to children. Discipline was not a major concern of the program. However, such topics as minimizing problem areas, staying near children who need more attention, using positive ways of getting attention, touching and showing affection toward children, and telling the child what to do while avoiding negative ways of expressing limits were integrated into the program.

As shown in Table 7, most of the items specific to the program received over 25% gains. The related items which were not directly dealt with in the program (B1, E1-4) did not receive gains as large. However, the total gain was above 25%. Therefore, objective #5 was reached.

The results of the Directors Evaluation of the program (see Table 9) were rewarding to the writer. There were few real problems. Scheduling staff members for individual self-ratings

Table 7.

Objective #5: Gains on Positive Discipline Approaches as Measured by the Caregiver Affect Rating Evaluation (CARE)

Positive Discipline Approach CARE Items	Total Score for 27 Caregivers: Pre-program	Post-program	Total Difference	% Gain*
A1. Minimum prob. areas	90	104	+14	15.6%
A2. Where to observe	76	119	+43	56.6%
B1. More time with child	114	120	+ 6	5.3%
C2. Use pos. ways to get child attention	73	109	+36	49.3%
D2. Respects/attends to child.	98	123	+25	25.5%
D5. Touches, shows affection	91	121	+30	33.1%
E1. Not allow child. to be hurt	96	110	+14	14.6%
E2. Not allow destroy property	90	101	+11	12.2%
E3. Not allow interference with rights of others	91	109	+18	19.8%
E4. Limits clear, consistent	87	105	+18	20.7%
E5. Few unnecessary limits	94	119	+25	26.6%
E6. Positive limits, no "no's"	63	103	+40	63.5%
E7. Child. told what TO do rather than corrected	68	109	+41	60.3%
	1131	1452	+321	28.4% av. gain

Table 7a.

Objective #5: Gains by Center on Positive Discipline Approaches Items of CARE

Positive Discipline Approach CARE Items	Centers* 1	2	3	4	5
A1. Minimum prob. areas	-9.1%	35.7%	3.8%	12.0%	42.9%
A2. Where to observe	40.0%	160.0%	40.9%	25.0%	64.3%
B1. More time w/child	0.0%	4.2%	3.7%	11.1%	9.5%
C2. Pos. ways to get attention	66.6%	61.5%	25.0%	52.9%	57.1%
D2. Respects/attends to child.	14.3%	27.8%	22.2%	33.3%	27.8%
D5. Gives touches, affection	25.0%	3.8%	40.0%	52.6%	57.1%
E1. Not allow to hurt others	7.7%	4.7%	16.7%	30.0%	11.1%
E2. Not allow destroy property	7.1%	0.0%	13.6%	28.6%	5.6%
E3. Not allow interfere rights	16.7%	16.7%	12.5%	28.6%	25.0%
E4. Limits clear, consistent	20.0%	22.2%	8.7%	26.3%	29.4%
E5. Few unnecessary limits	27.3%	35.0%	16.7%	26.1%	31.3%
E6. Positive limits, no "no's"	77.7%	69.2%	53.3%	22.2%	81.8%
E7. Child. told what TO do	77.7%	57.1%	50.0%	52.9%	75.0%

* Underlined gains of 25% or more

Table 8

Results of Videotape Self-Evaluation (VSE) by Center*

VSE Items	Totals by Center (# of Caregivers) 1(4)	2(5)	3(7)	4(6)	5(3)	Combined
1. Total Adult-to-adult communications						
a. pre-program	12	4	25	15	0	56
b. post-program	13	5	13	26	0	57
c. total difference	+1	+1	-12	+11	0	+1
d. % gain	8.3%	25.0%	-48.0%	73.3%	0.0%	1.8%
2. Total Responses to Child Bids for Attention						
a. pre-program	74	100	124	111	94	503
b. post-program	175	103	141	124	163	707
c. total difference	+101	+3	+17	+14	+69	+204
d. % gain	136.5%	3.0%	13.7%	12.6%	73.4%	40.6%
3. Total Unsolicited Interactions with Children by Caregiver						
a. pre-program	139	184	226	143	139	831
b. post-program	236	85	244	150	163	878
c. total difference	+97	-99	+18	+7	+24	+47
d. % gain	69.8%	-53.8%	8.0%	4.9%	17.3%	5.7%
4. Total Communications Which Reflected a Child's Feelings						
a. pre-program	10	3	7	3	1	24
b. post-program	21	7	6	9	11	54
c. total difference	+11	+4	-1	+6	+10	+30
d. % gain	110.0%	133.3%	-14.3%	200.0%	100.0%	125.0%
5. Total Communications Which Set Limits on Child Behaviors						
a. pre-program	28	24	30	16	25	123
b. post-program	24	27	55	21	25	152
c. total difference	-4	+3	+25	+5	0	+29
d. % gain	-14.3%	12.5%	83.3%	31.3%	0.0%	23.6%
6. Total Communications Which Reflect the Caregiver's Feelings						
a. pre-program	2	3	1	0	0	6
b. post-program	12	2	0	2	6	22
c. total difference	+10	-1	-1	+2	+6	+16
d. % gain	500.0%	33.3%	-100.0%	0.0%	0.0%	26.6%
7. Total Communications Which Obviously Made Children Feel Good						
a. pre-program	59	12	4	3	3	81
b. post-program	28	9	9	28	15	89
c. total difference	-31	-3	+5	+25	+12	+8
d. % gain	-52.5%	-25.0%	125.0%	833.3%	400.0%	9.9%

* Underlined gains of 25% or more.

Table 9. .

Results of Director Evaluation of the Program in Each Center

Items on Evaluation	Yes	No
1. In general, I feel the program was worth the $15 each per caregiver.	5	0
2. If the topic meets our needs, I will consider other on-site programs	5	0

Various Aspects of the Program	Major Problem (5)	(4)	Moderate Problem (3)	(2)	No Problem (1)
a. convincing the staff of need for program			1		3
b. initial arrangements with Ms. Anderson				1	4
c. interaction with Brunswick College					5
d. videotaping			1	1	3
e. scheduling individual self-ratings	1		1	3	
f. rating each employee on CARE				2	3
g. booklet reading & homework by staff		1		1	2
h. getting parent videotape permission				2	3
i. Fay's weekly visits				1	4
j. Fay's written comments to staff					4
k. staff following directions		1	1	1	2
l. follow-up videotaping				1	2
m. vacations & absences by staff				4	1
n. staff attitudes toward program			1	1	3
o. coordination with Fay			1	2	2
p. staff commitment after program			1	1	3
q. keeping parents informed				1	3
r. parts of prog. against policy					5
	1	2	7	23	53

Table 10.

Total Caregiver Responses on Faculty Evaluation Form

	Totals
1. Objectives of the course were:	
a. made clear at the beginning	16
b. made clear during the course	9
c. not completely clear	1
d. never discussed	0
2. Instructor's attitude toward student questions and ideas:	
a. discouraged student participation	0
b. seemed neutral	3
c. encouraged student participation	23
d. allowed some to dominate	0
3. Methods of communicating the subject were:	
a. very effective	16
b. adequate	9
c. less than adequate	1
d. poor	o
4. The instructor's course seemed:	
a. well organized	18
b. organized	8
c. poorly organized	0
d. to have no organization	0
5. Instructor's preparation for classes was:	
a. excellent	16
b. good	10
c. fair	0
d. poor	0
6. Class assignments were:	
a. too long	4
b. about the right length	20
c. too short	1
d. nonexistent	0
7. Instructor began the class:	
a. always on time	20
b. usually on time	6
c. usually late	0
d. always late	0
8. Work load for course was:	
a. uniformly distributed	16
b. concentrated in first part	1
c. concentrated at end of course	2
d. varied throughout the course	7
9. and 10. concerned tests and did not apply	
11. Agreement between objectives and course content was:	
a. excellent	19
b. good	6
c. fair	0
d. poor	0
12. If instructor taught another course you could elect:	
a. I would certainly take it	15
b. possibly take it	8
c. be uncertain	2
d. not take it	0

presented the major dissatisfaction to directors since this was the only time caregivers had to leave their classes for the program. Directors were unanimous in liking the on-site format, and they all agreed that the $15 fee was appropriate.

Caregivers filled out the evaluation on the writer (Faculty Evaluation form) anonymously, so there was no pressure for them to cover up their true feelings. As seen in Table 10: most felt the objectives were clear; that the writer encouraged student participation; that methods were effective; and that the writer was organized, prepared, and on time. They thought the class assignments were the right length, and that the course load was evenly distributed. Most caregivers stated a willingness to take another course from the writer.

Caregivers also filled out the Program Evaluation anonymously at the end of the program in their centers. As seen in Table 11, they gave a very favorable response to the program. Many of the caregivers told the writer during their last videotape viewing that they have been able to apply the concepts they had learned in the program at home as well as at the center. These feelings were reflected in their strong positive responses to items 1 and 3 one month after the program was presented in their centers.

There was little agreement as to which of the five focuses (see item 9 in Table 11) was the most and least favored. Some caregivers ranked more than one as A. Therefore, the writer weighted each response with A=5, B=4, etc. and arrived at a virtual

Table 11.

Total Caregiver Responses to Program Evaluation Form

	Yes	No
1. I feel I gained from the program and will continue to use the information.	26	0
2. I changed my attitude about working with children as a result of this program.	16	8
3. I have used some of the things I learned in my personal life as well as at work.	23	2
*		
5. I felt the program was worth the $15 fee.	24	1

	Total
6. I felt the length of the program was:	
a. too short	1
b. just right	20
c. too long	5
7. There were 5 topics in the program. I felt there should be:	
a. more	4
b. five	18
c. less	3

8. I would recommend this course to other caregivers	24	1

9. (Each topic was rated from most helpful (A) to least helpful (E). *Weighted scores, A=5, B=4, C=3, D=2, E=1	A	B	C	D	E	W*
a. Where to look and what to see	10	5	5	1	5	92
b. Positive directions	15	6	4	1	0	113
c. Responding to children	15	7	2	1	1	112
d. Grownups have feelings	5	3	2	8	8	67
e. Listening for feelings	7	5	5	4	5	83

10. Ratings of each part of the program:	Like	Dislike
a. Being videotaped first time	18	8
b. Being videotaped last time	14	5
c. Rating myself	13	13
d. Setting my own goals	25	1
e. Reading the booklets	24	2
f. Answering and writing in the booklets	18	7
g. Practicing with my group	24	2
h. Ms. Anderson's visits	21	5
i. Ms. Anderson's written comments	23	3
j. Ms. Anderson's verbal comments	23	3

	Yes	No
11. I feel children in my group have benefited	21	2
12. I feel their parents have benefited from program	16	6
13. I feel I am a better caregiver as a result of prog,	24	0

* (item 4. not included in questionnaire)

tie between "positive directions" and "responding to children." The writer agrees that caregivers liked "grownups have feelings" the very least. Only 5 of the 26 caregivers who filled out the Program Evaluation gave this focus first choice. Expressing their own feelings in non-hurtful ways continued to be extremely difficult.

D. Conclusions

In a traditional classroom training program in child care there is the instructor, there are the students/caregivers, and there are the skills or concepts to be conveyed from the former to the latter.

In the on-site program described in this paper, there was the instructor (guide), there were the caregivers, there were the concepts and skills, but there were also directors and parents and hundreds of real children from six weeks to six years of age. The meat of the program was the working together between the caregiver and the guide to find best ways to apply the learnings in each particular group and with each particular child.

The program was a challenge to the writer (guide) because she had to have much more than "book learning." She needed the confidence of having done much reading plus having had experience in a variety of settings in order to feel confident introducing new ideas on the caregiver's own turf.

The program was a challenge to the caregivers to not only learn the material, but to learn to apply it in the heat of the moment while being observed and being responsible for a group of children.

The program was a challenge for the directors to open their doors day after day, especially on Monday mornings, to an "outsider." They had to trust that the writer would understand the realities of often less-than-perfect situations, and they cooperated at times when cooperation presented major hardships.

On-site training is perhaps expensive. This program totaled $1500.00 or $300 per center to train a total of 27 caregivers over a one-year period. It is difficult to equate this expense since the program can not be compared with traditional child care courses for caregivers. It is the writer's opinion that over time the on-site program will continue to affect positively each center it reached - even after the caregivers who were enrolled are no longer working in those centers.

E. Recommendations

Funding: The writer and each of the center directors agree that $15 enrollment was just right for this program since it was exactly the cost of registration at an area Saturday conference on Child Care. Using such conference registrations may be the gauge for charging for such a program in other locations. The salary of the instructor must then be supplemented.

Credits: An arbitrary 20 hours of continuing education (non-degree) credit was offered for this program since the guide would be in a center at least 10 times for at least 20 hours. In actuality, she averaged over 30 hours in each center. She did not,

however, spend that much time with individual caregivers. But caregivers had homework and practice time which should be considered. All in all, 20 hours seemed generous and fair. The certificates offered through the college were attractive and suitable for framing.

Initial contact with a center: The writer was known to each center director and to many of the caregivers in each center. She would recommend spending much more time initially in each center if rapport has not already been established.

Videotaping: Every parent signed permission for their children to be videotaped, even though some were hesitant. One director was hurt that a parent had asked her if the center was going to take pornographic pictures of the children. The original plan was to film around children if permission had not been granted. This would have been impossible, and it would have been cruel to exclude a child from the group if he did not have permission. However, the writer feels she would have excluded children if permission had not been granted, even though each center's tape was taped over after caregivers viewed their performances.

Videotaping was a fearful event for many of the caregivers. They all handled it well because the writer assured them over and over that no one would view the tape except she and the caregiver, and that her portion of the tape would be erased or taped over. When two caregivers shared a group of children, the writer found it

best to focus the camera exclusively on one for 15 minutes, then to focus it on the other.

The writer had no microphone other than the one built into the camcorder, and there were times in noisy locations when a lapel mike would have been preferable.

The writer's neck became tired when she videotaped in one classroom after another, holding the camcorder. She recommends a tripod or some prop for the camcorder. Zooming in and out meaningfully maintained interest when viewing.

Viewing the videotape: Finding a quiet, private place for viewing was difficult in every center. In one center the writer was placed in a storage shed with electricity but no heat for a chilly autumn day while caregivers came and went. In two centers, a class had to be merged with another so she could use their room.

When the writer originally asked, every center in the program had a color TV which could be used. However, after theft and breakage, the caregivers in only one center were able to see themselves in beautiful color. The writer was fortunate to have a small portable black and white television set which she carried with her each viewing day.

The confidentiality of viewing the tape had to be maintained. In one instance the center director came in when the writer and caregiver were viewing, and the writer turned off the camcorder until the caregiver assured her it was all right for the director to view it.

The writer was pleasantly surprised that most caregivers grasped the concept of tallying and coding interactions after going through the Codes and Practice Sheet she had written. However, caregivers became so absorbed, once they saw themselves and the children in their group on television, that few continued to score their VSE sheets for long. It was left to the writer to mark and code each interaction while pointing out positive caregiver behaviors.

Program booklets: The booklets were virtually an afterthought to the program. The writer had initially planned to talk about and demonstrate the focus each week, then help caregivers as they practiced. However, there is little opportunity to communicate with a caregiver who is watching a room full of children. The booklets became the structure of the program. They were the bridge from one week to the next. They were reminders of each focus for caregivers, and they measured successes. Caregivers began being careful not to write in their booklets. Some turned in the written responses on notebook paper and saved their booklets so they could read them as often as they wished.

The booklets took on an importance never dreamed of by the writer. Several caregivers talked of their husbands being impressed with the content of the booklets, and therefore being impressed with the importance of what they were doing. Some caregivers reported sharing the booklets with friends who were having trouble communicating with their children. The booklets seemed to be effective for caregivers of all groups including infants.

Each center was given an extra booklet each week to post for parents. Directors used these for new employees also.

Weekly observation: It was extremely important for the writer to remind caregivers of the focus for the week when she began the 30 minutes with each group. At first she planned merely to watch and expect caregivers to begin demonstrating the concept. This never happened. Observations were made on Monday morning, and even the most conscientious caregivers needed reminders such as, "I'll be listening for you to give directions to children in positive ways today," or "This is really hard for most people, but try to tell children how you feel about things they do today," etc.

A problem with the schedule became obvious when the writer was disappointed that a caregiver was not practicing the concept during an observation; and once she got home, she discovered that the caregiver had not understood the booklet. When this occurred, the writer looked for practice on that concept later, but some of the concepts presented were new and difficult to caregivers, and at least two weeks each would have been a better plan for some.

Observation days went by very rapidly. It seemed to be a good plan to go to another center for initial videotaping after the third focus. The caregivers at the first center then had an extra week to catch up on make-up work and to practice stating their own feelings (the fourth and most difficult of the focuses).

Extra help: An audiotape was made of the booklets in case a caregiver had difficulty reading. No one took advantage of these, even though some seemed to have struggled to read.

One caregiver was semi-illiterate, but the tapes could do her no good since she was totally deaf. Fortunately, the writer knows sign language. At first this caregiver was hostile toward the program. She could never find her booklets to turn them in, and she resented important criticisms. For example, she worked with one child at a time and turned her back to all others - a dangerous practice when one can not hear potential problems. Once she hit a child in front of the guide. That was her call for help because the guide was forced to call in the director. The director enlisted the help of the caregiver's relatives, and together they helped her with the program. Her comments at the end of the program are in Appendix P for all to share.

In another instance, a new caregiver was having a difficult time because she was insisting on quiet sitting and an academic orientation for a group of four-year-olds. When the guide told her she must have free-play time for the 30 minutes of observation each Monday, the caregiver replied that she did not have free play time and she was fearful that the chidren would be loud and mean to each other if she did. The guide promised to be right beside her every minute. This was a very perceptive caregiver who was simply new to child care. She absorbed and assimilated each suggestion, and did a complete turn-around during the two months she was observed. Coming to work became a pleasure for her rather than a continuous dread.

Final videotaping: The staff of one center decided they wanted to keep the "before-and-after" videotape of their program. They purchased their own videotapes and made a new permission form for all parents to sign saying they would be keeping the tape for educational purposes permanently. The writer worked with the audiovisual specialist at the college to transfer the "before," then the "after" portion for each caregiver onto another tape. A clapboard was used with the name of the caregiver and the dates before each segment.

The final videotaping in each center occurred one month after the writer had left the center. In some centers caregivers had studied their booklets and made serious attempts to practice each of the concepts during the taping. In other centers they were less studious, but in all cases it was natural to want to look their best in front of the camera. The guide began finding it natural to call out praise and encouragement even as she was taping.

The final viewing was always pleasant because caregivers relexed to enjoy watching their progress with their groups. The writer scored the VSE, but she often put the tape on pause to show the caregivers how effectively they had used the concepts from the program.

The certificates for successful completion of the program were presented to each caregiver at this time.

Follow along: Where time allowed during the practicum period, the writer returned to centers two months after the program had been completed there. She did not hear caregivers expressing their

own feelings, but she heard them occasionally stating what they thought children were feeling. She saw caregivers still being careful to have their backs to no one. She saw them giving attention even to the quiet children who did not seek them out.

The writer saw some new faces because five of the twenty-seven caregivers who completed the program were no longer in the centers at the end of the year. The biggest change the writer noted in each center was twofold: the use of positive directions and pleasant voices. Loud screams of "no" and "don't" no longer rang out as they had in some centers in the past when one walked in the center doors.

The writer had titled her program, "It's Okay To Have Feelings," and hers were good feelings about the program.

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APPENDIX A

A Letter of Support
for the Proposed Program

James G. Ledbetter, Ph.D./Commissioner

GEORGIA DEPARTMENT OF HUMAN RESOURCES

878 PEACHTREE STREET, N.E. / ATLANTA, GEORGIA 30309

P.O. Box 1334, Waycross, GA 31502-1334

June 23, 1987

TO WHOM IT MAY CONCERN:

In my capacity as Standards Surveyor, Sr., Child Care Licensing, I have frequent opportunities to visit preschool programs in the Glynn County area.

I feel center personnel may profit from Fay Anderson's plan to help employees practice (select: positive discipline techniques, affective interaction, positive interactions, affective communication) with the preschool-aged children in their care.

Sincerely,

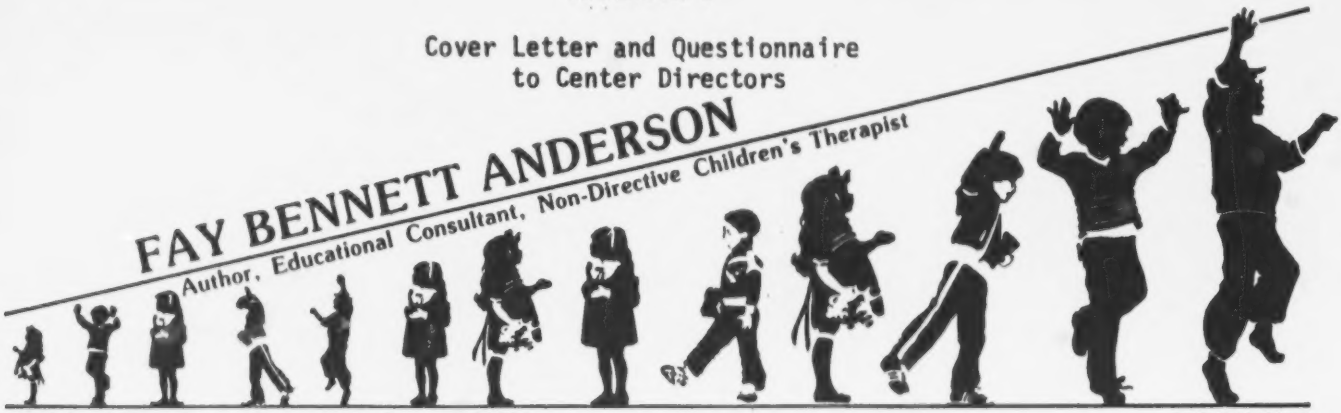
(Mrs.) Mary S. Taylor
Standards Surveyor, Sr.
Child Care Licensing Section
Office of Regulatory Services

MST:mm

AN EQUAL OPPORTUNITY EMPLOYER

APPENDIX B

Cover Letter and Questionnaire
to Center Directors



607 Island View Drive, Brunswick, Georgia 31520

912-264-8345
912-265-5552

July 6, 1987

I look forward to beginning a year-long program in the Glynn County area to support preschool center staff members in their efforts to interact in more positive ways with the children in their care.

It has been found that caregivers can learn skills (such as how to teach a group game) and facts (such as the characteristics of a 3-year old) in regular child care courses such as the ones we offer at Brunswick Junior College. But it is more difficult to learn to apply concepts (such as controlling unacceptable behaviors of children without a power struggle).

As a part of my work toward an Ed. D. in Early and Middle Childhood, I must offer a program of benefit to children in the community. Brunswick Junior College is enabling me to offer an on-site program for continuing education credits. For the next year I will be working one day a week in many of your centers to give encouragement and assistance to caregivers as they concentrate on positive interactions with children. I will spend eight weeks in each scheduled center.

Enclosed is a survey of the types of interactions which many caregivers find difficult. Please fill out the form and return it in the enclosed stamped envelope by July 10, if possible, so I can plan the most meaningful areas of concentration for the program. Feel free to add additional areas and any comments.

Sincerely,

Fay B. Anderson

NAME OF CENTER_____ NUMBER OF STAFF (INCLUDE DIRECTOR)____

(USE THAT NUMBER AS THE TOTAL FOR EACH LINE BELOW)

PUT THE NUMBER OF STAFF WHICH FITS IN EACH CATEGORY FOR EACH STATEMENT. FOR EXAMPLE, IF THERE ARE FIVE ON THE STAFF, NUMBERS ON EACH LINE MIGHT BE 50000,41000, 11111, 31100, 00023, etc - all totaling 5.

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE	GREAT NEED	BIG NEED	MEDIUM	SOME NEED	NO NEED
IDENTIFYING CHILDREN WHO NEED SUPPORT					
FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS					
KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS					
POSITIVE METHODS OF GETTING CHILDREN"S ATTENTION					
LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT					
PAYING ATTENTION TO CHILDREN"S NEEDS AND PROBLEMS					
BEING ABLE TO EXPRESS HER (ADULT'S) OWN FEELINGS IN NON-HURTFUL WAYS					
MODELING ACCEPTABLE WAYS TO EXPRESS ANGER AND OTHER STRONG FEELINGS					
RESPONDING IN CARING WAYS TO CHILDREN'S BIDS FOR ATTENTION AND AFFECTION					
ATTENDING TO ALL CHILDREN IN THE GROUP					
SETTING FIRM LIMITS IN NON-HURTFUL WAYS					
GIVING CHILDREN NAMES FOR THEIR FEELINGS					
GIVING POSITIVE DIRECTIONS RATHER THAN "NOs" and "DON'Ts"					
OTHER:					

I DO____DO NOT____WANT MY PRESCHOOL CENTER TO BE CONSIDERED AS ONE INCLUDED IN THE PROGRAM PLANNED BY MRS. ANDERSON.

APPENDIX C

Interaction and Discipline Need
Questionnaires from Six Area Centers

NAME OF CENTER YWCA NUMBER OF STAFF (INCLUDE DIRECTOR) 7

(USE THAT NUMBER AS THE TOTAL FOR EACH LINE BELOW)

PUT THE NUMBER OF STAFF WHICH FITS IN EACH CATEGORY FOR EACH STATEMENT. FOR EXAMPLE, IF THERE ARE FIVE ON THE STAFF, NUMBERS ON EACH LINE MIGHT BE 50000,41000, 11111, 31100, 00023, etc - all totaling 5.

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE	GREAT NEED	BIG NEED	MEDIUM	SOME NEED	NO NEED	Total/Rank
IDENTIFYING CHILDREN WHO NEED SUPPORT				7		7/13
FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS			5	2		12/8
KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS		6	1			20/1
POSITIVE METHODS OF GETTING CHILDREN"S ATTENTION	2	2	2	1		19/2
LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT			2	5		9/11
PAYING ATTENTION TO CHILDREN"S NEEDS AND PROBLEMS			1	6		8/12
BEING ABLE TO EXPRESS HER (ADULT'S) OWN FEELINGS IN NON-HURTFUL WAYS		1	5	1		14/5
MODELING ACCEPTABLE WAYS TO EXPRESS ANGER AND OTHER STRONG FEELINGS		1	6			15/4
RESPONDING IN CARING WAYS TO CHILDREN'S BIDS FOR ATTENTION AND AFFECTION		1	5	1		14/5
ATTENDING TO ALL CHILDREN IN THE GROUP		1	5	1		14/5
SETTING FIRM LIMITS IN NON-HURTFUL WAYS		2		5		11/10
GIVING CHILDREN NAMES FOR THEIR FEELINGS		2	1	4		12/8
GIVING POSITIVE DIRECTIONS RATHER THAN "NOs" and "DON'Ts"		5	1	1		18/3
OTHER:						

Reporting unacceptable behaviors to parents in a non-threatening way.

I DO ✓ DO NOT ____ WANT MY PRESCHOOL CENTER TO BE CONSIDERED AS ONE INCLUDED IN THE PROGRAM PLANNED BY MRS. ANDERSON.

NAME OF CENTER Katydid A NUMBER OF STAFF (INCLUDE DIRECTOR) 6

(USE THAT NUMBER AS THE TOTAL FOR EACH LINE BELOW)

PUT THE NUMBER OF STAFF WHICH FITS IN EACH CATEGORY FOR EACH STATEMENT. FOR EXAMPLE, IF THERE ARE FIVE ON THE STAFF, NUMBERS ON EACH LINE MIGHT BE 50000, 41000, 11111, 31100, 00023, etc - all totaling 5.

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE	GREAT NEED	BIG NEED	MEDIUM	SOME NEED	NO NEED	Tot/female
IDENTIFYING CHILDREN WHO NEED SUPPORT	0	0	6	0	0	12/10
FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS	0	6	0	0	0	18/1
KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS	0	3	3	0	0	15/7
POSITIVE METHODS OF GETTING CHILDREN"S ATTENTION	0	2	2	2	0	12/10
LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT	3	1	1	1	0	18/1
PAYING ATTENTION TO CHILDREN"S NEEDS AND PROBLEMS	3	1	1	1	0	18/1
BEING ABLE TO EXPRESS HER (ADULT'S) OWN FEELINGS IN NON-HURTFUL WAYS	0	3	2	0	1	13/9
MODELING ACCEPTABLE WAYS TO EXPRESS ANGER AND OTHER STRONG FEELINGS	2	1	2	0	1	15/9
RESPONDING IN CARING WAYS TO CHILDREN'S BIDS FOR ATTENTION AND AFFECTION	2	3	0	0	1	17/4
ATTENDING TO ALL CHILDREN IN THE GROUP	0	0	5	1	0	11/12
SETTING FIRM LIMITS IN NON-HURTFUL WAYS	2	1	2	1	0	16/6
GIVING CHILDREN NAMES FOR THEIR FEELINGS	0	0	3	3	0	9/13
GIVING POSITIVE DIRECTIONS RATHER THAN "NOs" and "DON'Ts"	3	1	0	2	0	17/4
OTHER:						

I DO ✓ DO NOT ___ WANT MY PRESCHOOL CENTER TO BE CONSIDERED AS ONE INCLUDED IN THE PROGRAM PLANNED BY MRS. ANDERSON.

NAME OF CENTER Katydid B NUMBER OF STAFF (INCLUDE DIRECTOR) 6

(USE THAT NUMBER AS THE TOTAL FOR EACH LINE BELOW)

PUT THE NUMBER OF STAFF WHICH FITS IN EACH CATEGORY FOR EACH STATEMENT. FOR EXAMPLE, IF THERE ARE FIVE ON THE STAFF, NUMBERS ON EACH LINE MIGHT BE 50000, 41000, 11111, 31100, 00023, etc - all totaling 5.

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE	GREAT NEED	BIG NEED	MEDIUM	SOME NEED	NO NEED	Total/Rank
IDENTIFYING CHILDREN WHO NEED SUPPORT	0	0	4	2	0	10/11
FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS	0	4	0	2	0	14/6
KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS	4	0	2	0	0	20/1
POSITIVE METHODS OF GETTING CHILDREN"S ATTENTION	0	2	1	3	0	11/9
LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT	2	1	2	1	0	16/4
PAYING ATTENTION TO CHILDREN"S NEEDS AND PROBLEMS	2	1	2	1	0	16/4
BEING ABLE TO EXPRESS HER (ADULT'S) OWN FEELINGS IN NON-HURTFUL WAYS	0	2	2	0	2	10/11
MODELING ACCEPTABLE WAYS TO EXPRESS ANGER AND OTHER STRONG FEELINGS	2	0	3	0	1	14/6
RESPONDING IN CARING WAYS TO CHILDREN'S BIDS FOR ATTENTION AND AFFECTION	3	2	0	0	1	18/3
ATTENDING TO ALL CHILDREN IN THE GROUP	0	0	5	1	0	4/9
SETTING FIRM LIMITS IN NON-HURTFUL WAYS	2	0	2	2	0	14/6
GIVING CHILDREN NAMES FOR THEIR FEELINGS	0	0	3	3	0	9/12
GIVING POSITIVE DIRECTIONS RATHER THAN "NOs" and "DON'Ts"	4	1	0	1	0	20/1
OTHER:						

I DO ✓ DO NOT ___ WANT MY PRESCHOOL CENTER TO BE CONSIDERED AS ONE INCLUDED IN THE PROGRAM PLANNED BY MRS. ANDERSON.

NAME OF CENTER Snow White NUMBER OF STAFF (INCLUDE DIRECTOR) 6

(USE THAT NUMBER AS THE TOTAL FOR EACH LINE BELOW)

PUT THE NUMBER OF STAFF WHICH FITS IN EACH CATEGORY FOR EACH STATEMENT. FOR EXAMPLE, IF THERE ARE FIVE ON THE STAFF, NUMBERS ON EACH LINE MIGHT BE 50000, 41000, 11111, 31100, 00023, etc - all totaling 5.

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE	GREAT NEED	BIG NEED	MEDIUM	SOME NEED	NO NEED	TOTAL/RANK
IDENTIFYING CHILDREN WHO NEED SUPPORT	0	0	2	4	0	8/9
FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS	0	0	3	3	0	9/8
KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS	0	1	2	3	0	10/7
POSITIVE METHODS OF GETTING CHILDREN"S ATTENTION	0	3	1	2	0	13/4
LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT	0	3	3	0	0	15/3
PAYING ATTENTION TO CHILDREN"S NEEDS AND PROBLEMS	0	0	0	0	6	0/11
BEING ABLE TO EXPRESS HER (ADULT'S) OWN FEELINGS IN NON-HURTFUL WAYS	0	2	2	2	0	12/5
MODELING ACCEPTABLE WAYS TO EXPRESS ANGER AND OTHER STRONG FEELINGS	0	5	1	0	0	17/1
RESPONDING IN CARING WAYS TO CHILDREN'S BIDS FOR ATTENTION AND AFFECTION	0	0	1	5	0	7/10
ATTENDING TO ALL CHILDREN IN THE GROUP	0	0	0	0	6	0/11
SETTING FIRM LIMITS IN NON-HURTFUL WAYS	0	5	1	0	0	17/1
GIVING CHILDREN NAMES FOR THEIR FEELINGS	0	0	0	0	6	0/11
GIVING POSITIVE DIRECTIONS RATHER THAN "NOs" and "DON'Ts"	0	1	4	1	0	12/5
OTHER:						

I DO ✓ DO NOT ____ WANT MY PRESCHOOL CENTER TO BE CONSIDERED AS ONE INCLUDED IN THE PROGRAM PLANNED BY MRS. ANDERSON.

NAME OF CENTER Alice's SST NUMBER OF STAFF (INCLUDE DIRECTOR) 5 + dvr

(USE THAT NUMBER AS THE TOTAL FOR EACH LINE BELOW)

PUT THE NUMBER OF STAFF WHICH FITS IN EACH CATEGORY FOR EACH STATEMENT. FOR EXAMPLE, IF THERE ARE FIVE ON THE STAFF, NUMBERS ON EACH LINE MIGHT BE 50000, 41000, 11111, 31100, 00023, etc - all totaling 5. Total/Rank

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE	GREAT NEED	BIG NEED	MEDIUM	SOME NEED	NO NEED	
IDENTIFYING CHILDREN WHO NEED SUPPORT	0	1	2	3	0	10/9
FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS	0	0	0	5	0	5/13
KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS	1	2	0	1	1	11/8
POSITIVE METHODS OF GETTING CHILDREN"S ATTENTION	5	0	0	0	0	20/1
LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT	1	0	2	2	0	10/9
PAYING ATTENTION TO CHILDREN"S NEEDS AND PROBLEMS	3	0	0	2	0	14/7
BEING ABLE TO EXPRESS HER (ADULT'S) OWN FEELINGS IN NON-HURTFUL WAYS	5	0	0	0	0	20/1
MODELING ACCEPTABLE WAYS TO EXPRESS ANGER AND OTHER STRONG FEELINGS	5	0	0	0	0	20/1
RESPONDING IN CARING WAYS TO CHILDREN'S BIDS FOR ATTENTION AND AFFECTION	3	2	0	0	0	18/5
ATTENDING TO ALL CHILDREN IN THE GROUP	5	0	0	0	0	20/1
SETTING FIRM LIMITS IN NON-HURTFUL WAYS	0	2	0	3	0	9/11
GIVING CHILDREN NAMES FOR THEIR FEELINGS	0	0	2	3	0	7/12
GIVING POSITIVE DIRECTIONS RATHER THAN "NOs" and "DON'Ts"	0	5	0	0	0	15/6
OTHER:						

I DO ✓ DO NOT ___ WANT MY PRESCHOOL CENTER TO BE CONSIDERED AS ONE INCLUDED IN THE PROGRAM PLANNED BY MRS. ANDERSON.

NAME OF CENTER Little Red School ... SC NUMBER OF STAFF (INCLUDE DIRECTOR) 5

(USE THAT NUMBER AS THE TOTAL FOR EACH LINE BELOW)

PUT THE NUMBER OF STAFF WHICH FITS IN EACH CATEGORY FOR EACH STATEMENT. FOR EXAMPLE, IF THERE ARE FIVE ON THE STAFF, NUMBERS ON EACH LINE MIGHT BE 50000, 41000, 11111, 31100, 00023, etc - all totaling 5.

POSSIBLE AREAS OF TRAINING NEED IN STAFF-CHILD INTERACTIONS AND DISCIPLINE	GREAT NEED	BIG NEED	MEDIUM	SOME NEED	NO NEED	Total/Rank
IDENTIFYING CHILDREN WHO NEED SUPPORT	0	0	2	1	2	5/13
FOCUSING ON CHILDREN MORE THAN ON OTHER ADULTS		1	2	0	0	13/8
KNOWING HOW AND WHERE TO OBSERVE CHILD BEHAVIORS		0	2	3	0	14/6
POSITIVE METHODS OF GETTING CHILDREN"S ATTENTION	5	0	0	0	0	20/1
LISTENING TO CHILDREN WITHOUT LECTURE OR JUDGEMENT		2	2		0	16/6
PAYING ATTENTION TO CHILDREN"S NEEDS AND PROBLEMS	0	3	1	1	0	12/10
BEING ABLE TO EXPRESS HER (ADULT'S) OWN FEELINGS IN NON-HURTFUL WAYS	4	1	0		0	19/3
MODELING ACCEPTABLE WAYS TO EXPRESS ANGER AND OTHER STRONG FEELINGS	4	1	0	0	0	19/3
RESPONDING IN CARING WAYS TO CHILDREN'S BIDS FOR ATTENTION AND AFFECTION	1	1	3	0	0	13/8
ATTENDING TO ALL CHILDREN IN THE GROUP	4	1	0	0	0	20/1
SETTING FIRM LIMITS IN NON-HURTFUL WAYS		1	2	1	1	8/11
GIVING CHILDREN NAMES FOR THEIR FEELINGS	2		2	1	1	7/12
GIVING POSITIVE DIRECTIONS RATHER THAN "NOs" and "DON'Ts"	3	0	1	0	0	18/5
OTHER:						

I DO ✓ DO NOT ___ WANT MY PRESCHOOL CENTER TO BE CONSIDERED AS ONE INCLUDED IN THE PROGRAM PLANNED BY MRS. ANDERSON.

IT'S OKAY TO HAVE FEELINGS

PARENT BOOKLET

An On-Site
Support Program
for Caregivers

by
Fay R. Anderson
Candidate for Ed.D.
in Early and Middle Childhood

IT'S OKAY TO HAVE FEELINGS

The Problem

We want children to be able to tell us how they feel - but we don't want them to let us know how they feel by hurting others.

We want children to learn the rules we all must live by in society - but we don't want to have to yell and fuss and punish while we are teaching the rules.

We want children to know we care for them as individuals - but we don't want to "spoil" them.

We want to be good models for children - which means we will have to act as we want children to act. We don't want them to bite, so we don't bite; we don't want them to be mean to others, so we can't be mean to them, etc.

We want children to feel comfortable to tell us what is on their minds - so we must pay careful attention to them. We want look beyond their limited words and their "baby language" and reflect the feelings they share with us.

A Helper Is Coming

As a part of her work toward her doctorate in Early and Middle Childhood, Fay Anderson is offering an opportunity for our staff to participate in a program which will make us even better at all of the things listed above.

How the Program Will Work

Our Center is one of a few centers in the Elyan County area to have an opportunity to invite Mrs. Anderson into our classrooms to work alongside our teachers.

Mrs. Anderson holds a Master's degree in Child Development, and teaches Child Care courses at Brownrich Junior College. Brownrich Junior College has agreed to offer this program so that our staff may receive continuing education credits for the program.

Our daily program for your children will not change in any way. During the eight weeks that she will be with us, Mrs. Anderson will work alongside each teacher one at a time for a little while each day.

Outside of class, Mrs. Anderson will offer teachers training in positive ways to talk with and discipline children. In class, she will encourage teachers to practice the new things they have learned and things they already know but may forget at times.

Our staff members will set their own goals for the program. Their interactions with the children in their groups will be videotaped at the beginning and end of the program so they can measure their own progress.

Parent Participation

You are welcome to join in the program by reading the methods and comments which will be brightly-read each week. They will be posted at the center.

Mrs. Anderson has assured us that only good things will come from the program. Please let us know any new behaviors you see in your children. It will be thrilling if our efforts carry over to the home.

Please sign and return the videotape permission form below. The videotapes will not be seen by anyone except Mrs. Anderson and the staff, and they will be destroyed at the end of the program. They will only be used for staff self-evaluation. However, for the purposes of her program, Mrs. Anderson needs permission to utilize from each parent or guardian.

VIDEOTAPE PERMISSION

DATE_____

MY CHILD,_____ HAS

PERMISSION TO BE VIDEOTAPED AT _____
(NAME OF CENTER)

FOR THE PURPOSE OF STAFF TRAINING. I UNDERSTAND THE TAPES WILL BE ERASED AT THE END OF THE PROGRAM.

(PARENT OR GUARDIAN SIGNATURE)

APPENDIX D

Brochure To Parents
Videotape Permission

A BOOKLET FOR CENTER STAFF

GUIDELINES FOR THE PROGRAM

IT'S OKAY TO HAVE FEELINGS PROGRAM, 1987-1988

by Fay D. Anderson

THE PROGRAM

"IT'S OKAY TO HAVE FEELINGS" is a program which will take place during eight Mondays in your center. The staff will sign up through Brunswick College. When Mrs. Fay Anderson will schedule when the program will begin in your center.

The program is designed to help community preschool program staff members develop more confidence in the use of positive methods of discipline and interaction with the children in their care.

Once your center is scheduled, the program will be carried out on Mondays as follows:

DAY #1 - Mrs. Anderson will arrive with booklets for parents and for staff, and she will be ready to answer any questions about the program. She will visit every classroom in order to find the best times of day to be in each one. She will be looking for times when there are plenty of "unstructured" interactions between caregiver and children.

Mrs. Anderson is NOT coming to judge or criticize. She will be there to offer support and encouragement.

Hopefully Mrs. Anderson can meet with staff members a little while this first day in order to explain the program. Each staff member will be given a self-evaluation form to fill out so they can rate themselves on the types of things we will be focusing on during the program.

If possible, some videotaping of classroom interactions will begin this day.

DAY #2 - (usually one Monday later) - Mrs. Anderson will arrive this day with a video camera. She will follow the schedule she set up last time so that she can videotape each caregiver interacting with the children in her care. Videotaping will last exactly 1-hour in each classroom. PLEASE REMEMBER, THE VIDEOTAPE MUST BE OF A "FREE PLAY" TIME IN ORDER TO BEST SEE STAFF MEMBERS INTERACTING WITH CHILDREN IN A NATURAL WAY.

Hopefully, Mrs. Anderson can meet with each caregiver beginning this day. She and the caregiver will meet in private to observe the videotape of the caregiver's classroom. Caregivers will be helped to rate their interactions and make their own goals for the program. Each caregiver will be free to decide which areas of discipline and positive interaction she feels weakest in. NO ONE ELSE WILL SEE THE VIDEOTAPES UNLESS CAREGIVERS THEMSELVES WANT OTHERS TO SEE THEM.

A brochure will be given to each staff member. The brochure will explain the focus of the program for next week when Mrs. Anderson will begin working in the classrooms alongside caregivers. BROCHURES ARE A PART OF THE TRAINING. STAFF MEMBERS ARE EXPECTED TO TREAT THE BROCHURES AS HOMEWORK. EACH BOOKLET SHOULD BE READ BEFORE THE NEXT VISIT, AND ALL WORK AREAS IN THE BOOKLET SHOULD BE FILLED IN BEFORE MRS. ANDERSON RETURNS.

QUIZ:

Do you have to let others see the videotape of your classroom? _____

Will you have any homework for this program? _____

Is everyone in the center going to participate? _____

Did you ask every question you wanted to ask the first day Mrs. Anderson was there? _____ (If not, ask next time).

Is this program going to be scary or a risk to your job? NO Is Mrs. Anderson going to fuss at you? _____ Is she going to work with you? _____

Will you get to set your own goals? _____

DAYS #3,4,5,6,7 - (usually each Monday) - Mrs. Anderson will come into each of the classrooms to support staff members in their efforts toward their goals for the program.

There will be a different focus each week. SO BE SURE TO GET A NEW BOOKLET EACH WEEK SO YOU WILL BE READY FOR THE NEXT MONDAY.

Each caregiver will be expected to have read her booklet and be ready to practice the focus for that day in addition to working on her program goals and carrying out her normal day.

Mrs. Anderson should not be disruptive to your regular day in any way. If the program is uncomfortable for you, please talk to her or to your director.

The same procedure will take place each Monday through the seventh one.

DAY #8 - (one month later) - Mrs. Anderson will move on to another center, then she will return one month later to repeat videotaping. After classrooms are videotaped, she will again meet with each staff member. Videotapes will be viewed and the questionnaire will be filled out again, then caregivers will be able to determine if they have met the goals they set for themselves at the beginning of the program.

Center staff members who complete the program will receive a certificate of Continuing Education Units for the 36-hour program.

YOU ARE ENCOURAGED TO CALL MRS. ANDERSON AT HOME BEFORE 10 P.M. ANY EVENING IF YOU HAVE QUESTIONS: 264-6345 or answering service at 265-5562.

NOTES AND DATES

Day #1

Day #2

Day #3

Day #4

Day #5

Day #6

Day #7

Day #8

JOBS:

Director: The center director is, naturally, in charge of all facets of the program at the center. If there are conflicts, misunderstandings or any problems, the director should be notified, and her decision will be the final word.

Guide: Mrs. Anderson will consider herself in the role of guide when she is in your center. She is a child development consultant and children's therapist with many years of experience in staff training. She will be representing Brunswick College, through which the program is being offered. Mrs. Anderson is carrying out this program as her major practicum toward meeting the requirements necessary to receive a doctorate in Early and Middle Childhood from Iowa University. There is NO connection between Iowa University and Brunswick College. Brunswick College, through its Vocational-Technical services, has been kind to allow this special program to be carried out under its sanction so that center staff members will be eligible for CEU credits.

Caregivers: Caregivers are people who work with children. Each person on the staff of a community preschool center is a caregiver.

Each caregiver at a center must be signed up for the IT'S OKAY TO HAVE FEELINGS program before it can begin.

The normal program caregivers daily plan for the center will be carried out during the program with the exception of 1-hour sessions at the beginning and end of the program when Mrs. Anderson will be scheduled to meet with caregivers individually.

When Mrs. Anderson is with you she will work alongside you, encouraging you to practice the interaction focus for the day. She will also support any efforts you make toward your goals. If you need to talk to her, please find a time when you are not responsible for the children.

APPENDIX E

Brochure to Caregivers

BEST COPY AVAILABLE

APPENDIX F

CAREGIVER AFFECT RATING EVALUATION FORM (CARE)
by Fay B. Anderson, 1987

CAREGIVER_____
BY_____DATE_____

	HIGH 5	4	MED 3	2	LOW 1
A. Observation/Setting/Self-Placement					
1. Room is arranged to minimize problem areas.					
2. Knows how and where to observe; back to none, etc.					
3. Aware of which children need frequent support.					
4. Is where she needs to be before crisis begins.					
B. Adult-Adult Interactions					
1. Spends more time with children than with adults.					
2. Communicates with other staff in helpful ways.					
3. Communicates with parents in helpful, non-hurtful ways.					
C. Adult-Initiated Communication					
1. Gives individual attention to each child.					
2. Practices positive ways of getting child attention.					
3. Expresses own feelings in non-hurtful ways.					
D. Response to Child Bids					
1. Listens to children without lecture or judgement.					
2. Respects and attends to child needs/probs./feelings.					
3. Interacts with children on eye level with eye contact.					
4. Is available for child bids for infor., comfort, atten.					
5. Gives touches, shows of affection.					
6. Gives children the names for feelings they display.					
E. Discipline					
1. Does not allow people to be threatened or hurt.					
2. Does not allow distruction of property.					
3. Does not allow interference with rights of others.					
4. Limits are clear and consistent.					
5. There are few unnecessary limits, rules.					
6. Limits are stated in positive ways, no "don't" or "no."					
7. Children are told what TO do rather than corrected.					
F. Class Atmosphere					
1. Children are free to explore, ask questions.					
2. Atmosphere is relaxed and pleasant.					
3. Children appear to have high self-esteem.					
4. Adult appears to have high self-esteem.					
5. Child-child interactions are allowed and appropriate.					
6. Adult-child interactions are allowed and appropriate.					

APPENDIX G

Codes and Practice Form

and

Videotape
Self-Evaluation Form (VSE)

Codes and Practice Sheet
VIDEOTAPE SELF-EVALUATION FORM (VSE)
by Fay B. Anderson, 1987

CODES; ||||||| - strikes are marked on dots for each communication. Mark a strike in the appropriate box when the caregiver 1) makes an unsolicited comment to child or children, 2) responds to a child or children, 3) talks to an adult.

Do one of the following things to a strike IF it:

/ underline the strike	IF	the communication is judged to reflect a child's feelings (active listening).
X x-over the strike	IF	the communication is judged to set limits on the behavior of a child or children
0 circle the strike	IF	the communication is judged to be positive, friendly, supportive, non-negative.
□ box in the strike	IF	the communication appears to be a statement of the caregiver's own feelings in a non-hurtful manner (I-message).

MARK ONLY CAREGIVER COMMUNICATIONS (a communication is any thought or idea or statement to or toward another. "Oh dear," to self would not be a communication. "Come" to a child would be a communication. "Come everyone. Joey come on" would be two communications).

PRACTICE;

A: Sam, you did a good job.
c: Can I go play with blocks now?
A: I feel upset when you jump from one thing to another. See if you can stick it out here ten more minutes.
c: I like playing with blocks.
A: You really want to play with blocks. Okay. (to all) You all have 10 more minutes before lunch.
c: (starts to hit another child with a block)
A: Kim, you are so mean. I can't let you hurt others, put the block down.
c: (cries)
A: Kim scared you when it looked like she was going to hit you. It makes me feel good all over when I see children cleaning up without being told to.
c: I'm cleaning up
A: You want to make sure I see you cleaning up. Okay, everyone at the tables is ready, you can all go wash your hands. You people at the blocks need to do a little more work.
c: Can we wash?
A: wait a second. Okay, people at the housekeeping area can wash up. Look at this paint sitting out. Stop and come back paint people. I get angry when we all have to wait for things to be put up, it seems unfair.
C: (painters clean up)
A: Thanks, I feel better now. Sue, don't you ever do something like that again. We're coming, Ms. Jones.

To child unsolicited	In response to child	To Adult
- - - - - -	- - - - - - -	- - -
- - - - - -	- - - - - - -	- - -
- - - - - -	- - - - - - -	- - -
- - - - - -	- - - - - - -	- - -

Codes:

1 - for each communication
/ - if reflects child's feelings
X - if sets limits
0 - if positive, non-negative
□ - caregiver's feelings

VIDEOTAPE SELF-EVALUATION FORM (VSE)

Caregiver_____

CAREGIVER COMMUNICATIONS:

Date_____ Center_____

TO CHILD OR CHILDREN UNSOLICITED

IN RESPONSE TO CHILD OR CHILDREN

TO ADULTS

GOALS

More or less communication to children, in response to children, or to adults?

More non-negative communications?

More reflection of children's feelings?

More setting limits in non-negative ways?

More statements of own feelings in non-hurtful ways?

(WRITE GOALS FROM C.A.R.E. ON BACK)

APPENDIX H

Booklet for Focus #1
WHERE TO LOOK AND WHAT TO SEE

WHERE TO LOOK AND WHAT TO SEE

Focus #1

It's Okay to Have Feelings
Program, 1987-1988

by Fay B. Anderson

Name_____

Center_____

Date_____

IF YOUR ROOM IS ARRANGED TO MINIMIZE PROBLEMS, AND IF YOU OBSERVE NEEDS OF THE CHILDREN, YOU WILL ELIMINATE MOST OF THE BEHAVIOR PROBLEMS THAT MIGHT OCCUR!

Draw your activity room here and label the areas. Then mark all H, F, A and O locations.

1. LOOK AT YOUR ROOM

Study your activity room as though it was a stranger's.

On the back of this booklet draw a picture of your room. Show furniture and doorways. Label each area. Use arrows to indicate the way "to the bathroom," "to the dining room," "to outside," and other well-traveled spots.

Code these with red pencil or marker:

H - Mark the noisiest areas of the room (H) for THE noisiest, H2 for the second noisiest, etc.)

F - Mark the areas of the room where the most fights or arguments have occurred. (F) for the MOST fights or arguments, F2 for the next, etc.)

A - Mark the areas of the room where the most tumbles or ACCIDENTS have occurred. (A) for the most, A2 for the next, etc.)

Perhaps we can plan together to decrease or eliminate H's, F's and A's from your room.

2. LOOK AT WHERE TO LOOK

Look at your floor plan and use a different color marker to put an "O" in each location in which you could:

a. see all other areas,
b. remain seated or stand inconspicuously,
c. not have your back to any areas, and
d. be close to potential H, F and A areas.

O - Marks observation areas. These are the locations where you should stay throughout much of the non-structured times of the day.

When you are in an "O" location, children will know where to find you. You will be able to observe everyone from there. And you will be near areas where you are most apt to be needed.

3. LOOK AT THE CHILDREN

If you closed your eyes, could you answer the following questions about how your children look today?

a. How many have on something blue?

Green?
Purple?
Red?

b. Has anyone had a haircut this week?

c. Does anyone look pale?
Flushed?

d. Does anyone have on new shoes?

Hopefully these questions were easy, because the next questions may get harder:

a. Who is the most insecure child in the group? How can you tell?

b. Which children get along best with most others?

How can you tell?

c. Who is the shyest child?

How can you tell?

d. Which children are picked on most by others?

e. Which ones are not allowed to play with groups unless you intervene?

f. Of the children who demand the most attention from you, which are willing to do hurtful things to others to get the attention?

4. WHAT TO LOOK FOR WHEN CHILD-WATCHING

Once your room is arranged for safety and the convenience of all, and once you are in your "observation" area - what kinds of things should you be looking for? Here are some:

a. Look for BEHAVIORS YOU LIKE, and tell the doers about them. Your attention will guarantee more of that same behavior!

b. Watch for children who never approach you for attention, and GO TO THEM. It is hard for some to "ask" for it, but all need individual attention.

c. Watch for children who need frequent TOUCH boosts or reminders or nearness, and GIVE THEM HELP before they give up. Frustration breeds disruptive behavior.

d. Watch for children who do obnoxious things to others, and be UNOBTRUSIVELY NEAR them much of the time. Your nearness and frequent touches will keep them secure without the need to do hurtful things.

e. Most children do unacceptable things "just for attention," and will look at you before the unacceptable action begins. If you are aware, and if you GIVE A NON-VERBAL REJECTION such as shaking your head "no," or pointing to something they can do, they will have had the attention and will not need to carry out the action.

BEST COPY AVAILABLE

POSITIVE DIRECTIONS

Focus #2

It's Okay to Have Feelings
Program, 1987-1988

by Fay D. Anderson

Name_____

Center_____

Date___

POSITIVE DIRECTIONS

Adults want supervise children because on their own, children would unknowingly do dangerous and hurtful things. A major part of the adult supervision role involves steering child behaviors to acceptable directions.

When young children attempt unacceptable behaviors, they do so usually because they are impulsive and curious, and they are not able to think ahead to foresee dangers.

BEING THERE

Young children can sometimes be distracted and physically re-directed toward safer interests.

BEING THERE is the key to re-direction. Gently turning and guiding children is more effective than yelling across a room.

SMILES AND SHOWING CONFIDENCE THAT THE CHILD CAN DO WELL are more effective than frowns and finger shakes and put-downs.

BE POSITIVE

Caregivers want tell children many things. How they say things to children becomes a habit. It is easy to forget to be polite and positive and to show respect to people when they are only a few feet tall.

Being kind and positive helps children feel good about themselves. It gives them confidence as they strive toward SELF-CONTROL. And SELF-CONTROL is the goal for everyone.

Being negative gives children the feeling that they arebeing controlled by others and can not control themselves.

"Stop doing that!"

To children, all things are possible. If someone says, "Stop doing that!" it can mean any of the following:

"Mary, don't do ..."
"Tony, don't do ..."
"Jose, don't do ..."
(on and on because it could mean ANY child)
or
"Stop looking"
"Stop touching"
"Stop standing up"
(on and on for all the behaviors the child is aware he or she is doing)
or
"Stop instead of humming"
"Jump instead of running"
"Pinch instead of hitting"
(On and on for all possible behaviors the child is NOT PRESENTLY DOING)

And all along the grownup had simply meant to ask Devon to stop tapping his foot on Sheela's chair!

Now we know - saying, "Stop doing that!" is poor communication. The child has too many choices of what he MIGHT BE ABLE TO DO, or of what behavior you might be referring to - or of whether or not you are talking to that particular child to the first place!

It is also for children to be able to have choices, but be sure their choices are clearly limited and under adult control (examples: toast or crackers, which of two crayons, etc.)

RULES FOR GIVING POSITIVE DIRECTIONS

Here are rules for giving directions which get the results we want:

1. AVOID BEING NEGATIVE.

When we use negative warnings and directions or hurtful behaviors, we are not communicating what we want to communicate. ("Don't," "No," "Quit it," "Stop that," or hitting, slapping, etc.). The child has too many choices of what he or she CAN do. Besides being confusing, it hurts for people to say negative things to us or hit us.

2. SAY THE NAME OF THE CHILD BEFORE GIVING THE DIRECTION.

If a direction is given to a room filled with little children, it is likely to be ignored - or the wrong child might respond. It is best to first say the name of the child you want to address.

Try to always avoid calling to a child with directions. BEING THERE is what works, but if you can't get there in time, say the name of the child and give the direction while you are on the way.

3. SAVE YOUR LOUD, FIRM VOICE FOR EMERGENCIES. PRACTICE LOW, MELODIC COMMUNICATION at other times.

Most caregivers are women, and most women's voices become shrill when they are strained with tension. That is just the voice preschoolers can tune out best. Try to keep tension out of your voice so that it will be melodic and mellow. Children will be attracted to it then.

4. TELL THE CHILD WHAT YOU WANT HIM OR HER TO DO.

"Julio, walk!" is 100% more effective than, "Stop running!". Everyone knows to whom the statement is directed, it tells what behavior is expected, and there is no negative put-down for the child to fight against. It even looks less harsh and more melodic, and it feels as if the adult is in charge.

5. BE A GOOD MODEL AND REMEMBER "PLEASE" AND "THANK YOU."

Even people who are positive in giving directions often forget words of politeness which we expect from children.

If it is an emergency, there is no time for "please," but there is always time later for "thank you" or "I feel good about what you did," or "I appreciate how quickly you moved."

6. OPTIONS

There are other things which may be included in positive directions. There are many times when the child should receive an explanation. You may want to explain why a behavior is unacceptable, or why you want the child to do as you ask.

These are options which depend on the circumstances and on the age of the child.

See if you can write the 5 rules for POSITIVE DIRECTIONS and the option here:

1.
2.
3.
4.
5.
6.

PRACTICE: Tell what you would do and/or say to each example below:

1. 3-year old Tom is just about to hit Sue with a block. You can't get there in time. (Hint: Say his name and tell what you want him to do.)

2. A group of 4-year olds is walking on the sidewalk and Ty suddenly starts to run into the street. You are right there. (Hint: You can hold without hurting, but also tell the behavior you expect.)

3. 2-year old Dan is getting ready to climb up a chair back. The chair can topple. You are on your way but won't get there in time. (Hint: This is an EMERGENCY, so MEAN IT. Where to you want his feet?)

4. Ralph is humming so loudly it is interfering with others listening to a story. (Hint: a gentle touch by being there works. Or you may want to give an explanation.)

5. Jean starts running beside the pool. You can't reach her.

6. 5-year old Ramona has stepped up the sink and water is beginning to run over the top.

7. Chester is scribbling on Suki's drawing and Suki is crying.

8. Harry is pulling on Kia's shirt and telling her to pull her pants down.

9. Tina is scribbling hard on paper and doesn't realize she may damage the table underneath.

APPENDIX I

Booklet for Focus #2
POSITIVE DIRECTIONS

RESPONDING TO CHILDREN

Packet #3

It's Okay to Have Feelings
Program, 1987-1988

by Fay B. Anderson

Name_____

Center_____

Date_____

RESPONDING TO CHILDREN

People who have studied the interaction between adults and children have found that most caregivers ignore most children most of the time. Children who are responded to are often the ones who have begun to use unacceptable behaviors which can not be ignored.

No wonder children resort to unacceptable behaviors to get attention. Children must have attention, and if they can't get it for doing pleasant things, they must find other ways to get it.

Children who are neglected, who are starved for affection, often "fail to thrive." Without tender loving care (TLC), children will be sick more often, they will not develop a strong self-identity, they are often delayed in speech, they sometimes lose their sense of curiosity, and they sometimes even lose the will to live.

It may be surprising, but children do not get their need for attention met by other children. Below the age of five, children need the same frequent amounts of adult interaction whether they are in group care or at home. That makes it very difficult for caregivers who must share their time with several children!

All indications are that adults MUST interact a great deal with each individual child - most often with infants and toddlers.

Interacting with children includes touching, patting, smiling, guiding, babbling, talking, cooing, holding, etc. - all pleasant ways of letting each other know that the other is important.

1

EYE CONTACT

Several studies have indicated that eye contact between caregiver and child is THE KEY TO INTERACTION.

It seems extremely important to communication that people look each other in the eye. When we look at each other in the eye, we know more about each other, we understand more about the feelings of the other and whether we can trust him or her.

Because children are short and grownups are tall, it is hard to look each other in the eye. Please get in the habit of getting on EYE LEVEL with the children you talk to. Kneeling and squatting are easier for some people than for others. If it is hard for you to kneel or squat, then try to sit in a low chair while interacting with children.

Children learn very early to cover up how they feel. Their voice inflections do not tell their true feelings. A child may say something like, "My dog died," in a cheerful voice. It may not bother them for the dog to die, or they may not realize the permanence of death. Very often their eyes will be very sober and watchful to see how you will respond. Instead of telling the child how you think he SHOULD feel, say something like, "How did you feel about that?" and his eyes will tell you more than his words.

It is impossible for group caregivers to give eye contact to all children all the time. Be aware that it is a powerful tool. Children can be calmed by being looked at and responded to.

2

WAYS TO INTERACT WITH CHILDREN

It is more natural for some people than for others to smile or acknowledge in some way when a child looks her way for a response. Some of you may be more aware of what all children in the room are doing than others. Being a good observer is a skill. That means that practice will make anyone better at it. When you see a child look at you, RESPOND TO THE CHILD. Practice and see if you feel you are getting better at it.

We have all heard to "let sleeping dogs lie," or "don't fix it if it's not broken." - in other words, when something is behaving fine, don't mess with it. But the opposite is true with children. The rule with children is: LET THEM KNOW THE THINGS THEY ARE DOING THAT YOU LIKE, AND THEY WILL NOT NEED TO DO MANY THINGS YOU DO NOT LIKE. So, find children who are doing things that please you, and tell them their behavior pleases you. Your day will be much more pleasant than if you wait for things to go wrong and play policeman.

Some children are so shy, or have such little self-confidence that they find it very difficult to seek attention from adults. It is important that adults go to these children and give them attention rather than wait for them to come to the adult.

A lot of things to remember: GO TO CHILDREN... TELL THEM WHAT BEHAVIORS YOU LIKE...LOOK FOR ACCEPTABLE BEHAVIORS INSTEAD OF WAITING FOR UNACCEPTABLE ONES...GET ON EYE LEVEL...BE SURE TO SPEAK TO EACH CHILD OFTEN...WHEN A CHILD LOOKS AT YOU, TRY TO RESPOND...PRACTICE BEING AWARE OF WHEN CHILDREN LOOK TOWARD YOU...LOOK THEM IN THE EYE WHEN COMMUNICATING.

3

TOUCHING

Children "touch base" with people they trust from time to time, and this "touching base" gives them the support they need to try hard things and do new things. When children come near you to play, or touch you with a pat, or lean against you, they are "touching base."

Respond to their need for support with brief caring touches: a fine little squeeze, a pat on the arm, etc. Eye contact adds to the interaction.

Child who get this kind of support when they need it seem learn to be strong away from the caregiver. If children do not get this kind of support when they need it, they develop problems.

Some studies have indicated that parents and caregivers hesitate to give children support with brief touches. They tend to ignore the child or send him away or lecture him on how brave he should be. These methods refuse to accept the child's need for support. Instead of making the child feel good on his own, it makes him feel less secure.

Since the unfortunate incidents of sexual abuse in child care centers, staff members are less inclined to touch children. Perhaps this should be discussed at parent meetings so that a policy can be set. Children need touches, but school policy may be needed now to approve them.

91

FIND THE RESPONSES

Write letters to indicate what you would do for each of the situations below. There is one best answer, but most situations will call for more than one possible response. Put down all of the letters which you feel will apply.

A. Go to the child.
B. Get on eye level.
C. Get eye-contact.
D. Babble, coo, etc.
E. Talk to.
F. Smile.
G. Tell you like it.
H. Acknowledge those looking.
I. Give a firm, brief hug.
J. Practice.

1. You look up and see a child way across the room smiling at you._____
2. A child silently leans against you._____
3. A shy child never seeks attention._____
4. You have tried to respond when children look toward you, but they look away before you can think what to do._____
5. You have been looking at the craft activity for about 10 minutes. It's time to _____
6. A child keeps her head down when talking to you._____
7. A child says something to you._____
8. Joe has had annoying behavior recently, and you see him talking pleasantly to another child._____
9. You are standing and want to tell a child something_____
10. You know you need to interact with an infant._____
11. You are reading a story and sharing the pictures._____
12. Patty brings her toys to play on the floor near you._____
13. You want to be sure Tyrone is paying attention when you tell him something._____
14. It is hard to remember to look at all the children frequently._____
15. Two former enemies are coloring cooperatively on the same piece of paper._____

5

APPENDIX J

Booklet for Focus #3
RESPONDING TO CHILDREN

92

GROWNUPS HAVE FEELINGS TOO

Focus #4

It's Okay to Have Feelings Program, 1987-1988

by Fay O. Anderson

Name_____

Center_____

Date_____

GROWNUPS CAN HAVE FEELINGS

For some reason it has become stylish in the United States for adults to try to hide their feelings. Because of this attitude, we have endangered our mental health. We have also begun to make children feel guilty for having feelings and showing them. This is all very dangerous.

People differ from other animals in that they have the ability to analyze their feelings and thoughts. If they forbid themselves to have feelings, they become unfeeling. It is not possible to shut off just "bad" feelings, but it is possible to shut off all feelings and become less than human. This is unhealthy, and we suffer both mentally and physically.

WHAT'S SO SCARY ABOUT FEELINGS?

Feelings are scary because of the guilt we attach to them. We attach guilt to feelings for two basic reasons:

1. Because we have been told feelings are bad, and
2. Because we are afraid of how to express strong feelings.

If one child hits another, we are apt to say, "Bad girl" or "Bad boy." This tells the child that we think she or he is bad for having a strong feeling and expressing it.

Actually, our job is to let children know it is okay to have strong feelings, but they must be expressed in acceptable ways. We could say something like, "It's okay to feel angry, but I can't let people hurt other people. You can tell her how you feel, but you can't hit." This will give the child an idea of an acceptable way to express the strong feelings he or she feels.

Another way we can help children learn to express strong feelings is acceptable ways is by MODELING THAT BEHAVIOR.

IT'S HARD TO MODEL EXPRESSING STRONG FEELINGS

It is hard for us to express strong feelings because WE have not had models. So, in order to be models for children, we are going to have to go against what we have learned and practice telling others how how we feel.

It is okay to be motivated and even raise your voice when expressing strong feelings. It is NOT okay to hurt others by criticizing them. It is NOT okay to belittle people by using sarcasm. (Remember, it IS okay to limit BEHAVIOR, but not the feelings.)

PRACTICE WITH JOYFUL FEELINGS

Maybe we won't feel so guilty sharing joyful feelings, but we may feel silly. That may be okay because people who work with children have gotten accustomed to doing things that feel silly.

Even joyful feelings can be expressed in carefully unacceptable ways. Here are the steps to doing it right:

1. The first job is to find words and behaviors that make you feel good (happy, pleased, joyful, excited, etc.)

2. The next job is to tell ourselves that we are going to let the people involved know how we feel. This is a very hard job. Many of us are NOT ACCUSTOMED TO TALKING TO PEOPLE WHEN THEY ARE DOING THINGS WE LIKE. We are accustomed to waiting silently while things are lovely, and commenting only when things go wrong. It may take some nerve to "interrupt" the pleasure-producing activity.

Example: A child who is usually bothering others and causing you to give much negative attention is sitting quietly coloring. You want the moment to last. It feels wrong to go to him and say, "It makes me feel good when I see you sitting quietly and enjoying being by yourself." It feels terribly wrong to let him know how wonderful you are feeling at this moment about not having to correct him.

(The secret we do not realize is that THE CHILD WILL BE MORE APT TO CONTINUE THE PRESENT ACTIVITY LONGER IF WE COMMENT - AND WE WILL BE INCLINED TO CARRY OUT THAT SAME TYPE OF ACTIVITY MORE OFTEN AND THAT WE KNOW WE LIKE IT!)

3. The third job is to silently practice what you are going to say. Well-meaning people can hurt others by saying things thoughtlessly, because to OUR, that hurts. Saying, "Well I'm glad you finally settled down to do something quiet for a change," would hurt the above child, and it would not let him know you are proud of him.

4. The fourth job is to actually do the saying. And once you do, don't expect compliments from the children. To them, you will be showing new behavior, and that is something they will have to get used to. Once you begin letting people know your feelings in non-hurtful ways on a regular basis, everyone will become more comfortable with it.

WHAT ARE THAT READY? Fill in the blanks for a review:

1. Find _____ you like.
2. Tell _____ you're going to tell others how you feel.
3. _____ to yourself what you

will say.

4. Actually _____.

THE RECIPE FOR SHARING FEELINGS IN NON-HURTFUL WAYS:

There are two or three basic things to include in a message about your feelings. (If you have read about "assertive behavior" or "giving I-messages" you have already heard of these.)

1. It is best to use "I" instead of "you" at the beginning of the message. When someone begins talking with a statement that begins with "you," it puts most of us on our guard and makes us feel like we are going to be corrected for something we have done wrong. We don't want to give that impression, so we avoid the use of "you." It is really nice to tell exactly how you feel right up front. Here are some possible starts:

"I feel hurt when I see..."
"I like it when..."
"I feel good all over when..."
"It makes me feel very sad when..."
"I get very angry when..."

2. Somewhere in the statement, the BEHAVIOR you are commenting on must be described. Remember to describe the BEHAVIOR without giving any labels to the person. "You stupid idiot, you spoiled paint all over up..." is definitely not the way to express your feelings. Here are some possible descriptions of behaviors:

"...when the paint is spilled..."
"...when you stick to something hard and finally finish it..."
"...when there is glue on the table..."
"...when candy is taken and there is not enough left for everyone..."
"...when I see you and Jimmy getting along well without fussing..."

3. On some occasions you may want to state what the consequences were - the NATURAL CONSEQUENCES OCCURRING OF THE BEHAVIOR (we are not talking about punishment, just what occurred as a result of the behavior). Some examples might be:

"...it makes everyone have to wait when we are hungry."
"...everyone is going to feel better."
"...I don't feel I can trust you."
"...you're able to do this without my help."

LET'S PRACTICE: For each happening below, state how you would feel, describe the behavior, and tell the natural consequences (this is not punishment.)

1. You see Sonny putting up blocks, something he has never done before without reminders or fussing.
Your feelings_____
His behavior_____
Any consequences_____
Your "I-message":

2. You find toddler Mary tearing the last few pages out of the schoolmouse book you have kept so neatly all year.
Your feelings_____
Her behavior_____
Any consequences_____
Your "I-message":

3. You have told your preschoolers that it is time to clean up before lunch. You have to step out of the room and leave them with a new Aide. When you return, everyone is running around screaming and playing chase while the Aide tries to clean up.
Your feelings_____
The behaviors_____
Any consequences_____
Your "I-message":

4. You are missing a dollar from your purse, and have found that 4-year old Dolph has it. This is not the first time Dolph has been found with money belonging to others.
Your feelings_____
The behavior_____
The consequences_____
Your "I-message":

5. You are really being pushed for time to go on a field trip. All the children have been to use the bathroom, and you are ready to head out the door when you see that 3-year old Thomas is wetting in his pants. Urine is running down his legs onto his socks.
Your feelings_____
The behavior_____
The consequences_____
Your "I-message":

6. (Try it as a grown-up). You are a very honest and conscientious person. Mrs. T, Jerome's mother, called into the room and carefully and accused you of having taken her child's extra clothes home with you for your own child to wear.
Your feelings (hurt, crushed, surprised?)_____
_____
The behavior (what I am accused)_____
_____
The consequence: (It makes me feel you don't trust me. I worry that you don't treat me in other ways)"
_____
Your "I-message":

APPENDIX K

Booklet for Focus #4
GROWNUPS HAVE FEELINGS TOO

LISTENING FOR FEELINGS

Focus #5

It's Okay to Have Feelings
Program, 1967-1968

by Fay B. Anderson

Name_____

Number_____

Date_____

LISTENING FOR FEELINGS

Bobby said, "I hate Pamela. I don't never gonna play with her again."

Underline some of the feelings you think Bobby might be having:

joy	anger
disappointment	happiness
longing	embarrassment
hurt	relief

The chances are very good that Bobby is not feeling "joy," "happiness," or "relief," and it is doubtful that he is actually feeling "hate." You would know best which of the other words might be what Bobby is really feeling if you were the one he was talking to.

Here are some facts about LISTENING FOR FEELINGS:

1. When you LISTEN TO FEELINGS, you ACCEPT THE FEELINGS. There should be no attempt to keep the child from having any feelings.

Try to avoid responding in any of these ways:
"Oh, you don't hate Pamela, you two are best friends."
"You shouldn't say something like that."
"It's not nice to say you hate someone."
"Don't even say such a thing, you should love everybody."

Here are better things you could say:
"Boy, Pamela really hurt your feelings and you don't want to be with her right now."
"I see, you don't want to be near Pamela right now."
"You're mad at Pamela right now, and want to stay away from her for a while."

1

2. ACCEPTING THE FEELINGS does NOT mean we have to accept THE ACTIONS.

Suppose - instead of Bobby coming to tell you about Pamela that you observed Bobby in the process of pulling his arm back to hit Pamela - or to say, "I hate you, Pamela, and I don't never gonna play with you again."

If this happened, try to AVOID responding in any of these ways:
Allowing Bobby to hit anyone.
Letting Bobby become so threatened to hit someone.
Letting Pamela hit Bobby in return.
Saying, "You don't want to hit people," or "Bad boy," or "People won't love you if you hit them."

These are BETTER ways to respond:
Grasping Bobby's arm firmly, but without hurting, in order to prevent the blow, and saying, "You're mad at Pamela, and enough to hit her. I can't let people get hurt."

Holding Bobby's arm firmly, without hurting, point to a bop bag and say, "I know you are upset, hit the bop bag. I can't let people hit people or either Pam and they get."

If you are too far away to grab, then shout, BRIEFLY, STOP!" as you get there and say any of the appropriate comments above.

So, how would you respond if Deserae got ready to throw something at Tim as she said, "Go away, you old fray Pamela. I'm not going to be your friend ever again."?

2

3. LISTENING TO FEELINGS means NOT GETTING SIDETRACKED by the WORDS that are used.

"I hate you, you're a mean old teacher," PROBABLY MEANS, "You hurt my feelings and I'm mad at you right now." So YOU can say something like, "I hurt your feelings and you are mad at me right now."

"I can't do anything right, I'm an old dummy," PROBABLY MEANS something like, "I don't like the way my hands are working right now." So YOU can say something like, "You don't like the way your hands are working right now."

"Watch me knock over Sally's old blocks," PROBABLY MEANS "I want to make sure you will stop me from doing something to hurt somebody, even though I'm mad at Sally." So YOU can say something like, "You may be angry at Sally, but I can't let you hurt her feelings. You wanted to make sure I knew what you planned."

"I never get afraid of anything!" PROBABLY MEANS, "It is very uncomfortable for me to talk about feelings such as fear." So YOU can say something like, "It's hard to talk about being afraid."

What do you think these statements actually MEAN?

"I.Q. don't know nothing, he's a big old dumbox." PROBABLY MEANS

"I can't do it. I know I can't!" PROBABLY MEANS

3

4. Active listening means AVOIDING HURTING FEELINGS OR BELITTLING when you respond.

In each pair of responses below one may hurt. Underline the response that TRIES TO AVOID HURTING FEELINGS.

"You want to hurt him and make him cry." or
"You are angry enough right now to want to hurt him."

"That made you feel good." or
"You silly little thing, You're full of giggles."

"You wish you could take that with you." or
"Put that down, I know you want it but you can't take it."

"It broke and it made you feel bad." or
"You broke it and now you are sorry."

---

5. LET'S PRACTICE

Child: (Gets ready to grab toy from another child) "Hey, I want that, give it to me."
Child to feelings: "I want that toy so rather what I have to do to get it."
Tell what you would say AND do:

Child: (Proudly shows some scribbling) "Look what I did."
Child to feelings: "Doing this really gave me a good feeling."
Tim says/do:

Child: (Has been near caregiver all morning, asking questions, trying to help in bloomering ways.)
Child to feeling: "I don't feel safe unless I am near her today."
Tim says/do:

6. If you guess wrong about the child's feelings, nothing bad will happen. At least one of the following nice things will happen:

a) The child will be thrilled that you tried to understand his or her feelings, and

b) The child will gently correct you because he or she wants you to know how he or she feels. This will open the door to more communication.

APPENDIX M

Director Evaluation Form

IT'S OKAY TO HAVE FEELINGS

Director's Evaluation Form

Center_____ Director_____ Date_____

1. In general, I feel the program was worth the money ($15 each)
   Yes___ No___ Comments_____

2. If the topic meets our needs, I will consider other on-site programs
   Yes___ No___ Comments_____

3. Evaluate each aspect of the program by checking one column for each statement:

	major problem 5	4	moderate problem 3	2	no prob 1
a. convincing staff of the need					
b. initial arrangements with Ms. A.					
c. interaction with Brunswick College					
d. videotaping					
e. scheduling individual self-ratings					
f. rating each employee on CARE					
g. booklet reading & homework by staff					
h. getting parent video permission					
i. Fay's weekly visits					
j. Fay's written comments to staff					
k. staff following directions about program					
l. follow-up videotaping					
m. vacations & absences by staff					
n. staff attitudes toward program					
o. coordination with Fay					
p. staff commitment to program goals after program over					
q. keeping parents informed					
r. content of the program - any portion against policy, etc.					

(PLEASE WRITE ANY OTHER AREAS OF CONCERN ON THE BACK AND COMMENT)

APPENDIX N

Program Evaluation Form IT'S OKAY TO HAVE FEELINGS
Program Evaluation

Brunswick College would like to have feedback on the "It's Okay to Have Feelings" Program which was recently carried out in your center. We do not ask your name, so feel free to respond honestly to the following questions.

Center Name_____ Date_____

1. I feel I gained from this program, and that I will continue to use the information. Yes___ No___ Comments_____

2. I changed my attitude about working with children as a result of this program. Yes___ No___ Comments_____

3. I have used some of the things I learned in my personal life as well as in the preschool program. Yes___ No___ Comments_____

5. I felt the program was worth the money ($15 each). Yes___ No___ Comments_____

6. I felt the length of the program (8 visits, 5 booklets) was
   Too short___ just right___ too long___ Comments_____

7. There were five topics in the program. I feel there should have been
   More___ five___ less___ Comments_____

8. I would recommend this course to other caregivers. Yes___ No___ Comments_____

9. Rate the five subjects in the program:
   Put "A" beside the MOST HELPFUL, "B" beside the next most helpful, and so on until "E" is beside the LEAST HELPFUL. A, B, C, D, E
   ___Where to Look and What to See (about where and how to observe)
   ___Positive Directions (about avoiding being negative)
   ___Responding to Children (about giving children attention, eye level, etc.)
   ___Grownups Have Feelings (about how to say your feelings without hurting)
   ___Listening for Feelings (about accepting feelings, not just words)

"L" equals LIKED, and "D" equals DIDN'T LIKE for each of the below.

10. L = LIKED, D= DIDN'T LIKE	Comments
___being videotaped the first time	_____
___being videotaped the last time	_____
___rating myself	_____
___setting my own goals	_____
___reading the booklets	_____
___answering and writing in booklets	_____
___practicing with my group	_____
___Ms. Anderson's visits	_____
___Ms. Anderson's written comments	_____
___Ms. Anderson's verbal comments	_____

(more on back)

11. I feel the children in my group have benefited and will continue to benefit from the program. Yes___ No___ Comments_____

12. I feel their parents have benefited from the program. Yes___ No___ Comments_____

13. I feel I am a better caregiver as a result of the program. Yes___ No___ Comments_____

14. I feel the program could have been made better with the following changes:

APPENDIX O

Faculty Evaluation Form

Name of Course _____ Date _____ Instructor Name _____

SHORT-TERM

FACULTY EVALUATION/STUDENT QUESTIONNAIRE

The purpose of this faculty evaluation questionnaire is to provide information to your instructor concerning strengths and weaknesses perceived by students. In order for this evaluation to be profitable to the instructor, students must be fair and open in their responses. Please respond on the basis of the instructor's performance and attempt to eliminate bias produced by personality preferences or conflicts.

INSTRUCTIONS

1. Do not place your name anywhere on the form in order to protect your confidentiality.
2. Additional comments may be made on the margins of the front and reverse side of the grading form.
3. Circle the letter which denotes the best answer.

FACULTY EVALUATION FORM

1. The objectives of the course were:
   a. made clear at the beginning of the course
   b. made clear during the course
   c. not completely clear
   d. never discussed
2. The instructor's attitude toward student questions and ideas:
   a. discouraged student participation
   b. seemed neutral
   c. encouraged student participation
   d. allowed some students to dominate the course
3. The instructor's methods of communicating subject matter to students were:
   a. very effective
   b. adequate
   c. less than adequate
   d. poor
4. The instructor's course seemed:
   a. well organized
   b. organized
   c. poorly organized
   d. to have no organization
5. The instructor's preparation for class meetings seemed:
   a. excellent
   b. good
   c. fair
   d. poor

6. The class assignments were, in general:
   a. too long
   b. about the right length
   c. too short
   d. non existent

7. The instructor began the class:
   a. always on time
   b. usually on time
   c. usually late
   d. always late

8. The work load for the course was:
   a. uniformly distrubuted over the course
   b. concentrated into the first part of the course
   c. concentrated into the end of the course
   d. varied throughout the course

9. For college level students the instructor gave tests which were:
   a. too difficult
   b. of appropriate difficulty
   c. too easy
   d. of widely variable difficulty

10. The length of time needed to complete a test was in general:
    a. too short
    b. about right
    c. too long
    d. quite variable

11. The agreement between the objectives of the course and what was taught in the course was:
    a. excellent
    b. good
    c. fair
    d. poor

12. If this instructor taught another course which I would elect to take, I would:
    a. certainly take the course
    b. probably take the course
    c. be uncertain if I would take the course
    d. not take the course

APPENDIX P

Written with help

Comments From A Caregiver

IT'S OKAY TO HAVE FEELINGS
Program Evaluation

Brunswick College would like to have feedback on the "It's Okay to Have Feelings" Program which was recently carried out in your center. We do not ask your name, so feel free to respond honestly to the following questions.

Center Name Snow White Date 3-15-88

1. I feel I gained from this program, and that I will continue to use the information. Yes ✓ No ___ Comments I learned a lot about the right way(s) to express feelings
2. I changed my attitude about working with children as a result of this program. Yes ✓ No ___ Comments I understand more about working with children, so my attitudes are better.
3. I have used some of the things I learned in my personal life as well as in the preschool program. Yes ✓ No ___ Comments with my children I use many of the things I learned. I'm more patient.

5. I felt the program was worth the money ($15 each). Yes ✓ No ___
   Comments _____
6. I felt the length of the program (8 visits, 5 booklets) was
   Too short ✓ just right ___ too long ___ Comments I learned a lot more activities would help me learn more.
7. There were five topics in the program. I feel there should have been
   More ✓ five ___ less ___ Comments Extention of these or others.
8. I would recommend this course to other caregivers. Yes ✓ No ___
   Comments Everyone can gain from this course for helping their families or on their jobs dealing
9. Rate the five subjects in the program:
   Put "A" beside the MOST HELPFUL, "B" beside the next most helpful, and so on until "E" is beside the LEAST HELPFUL. A, B, C, D, E
   - E Where to Look and What to See (about where and how to observe)
   - B Positive Directions (about avoiding being negative)
   - A Responding to Children (about giving children attention, eye level, etc.)
   - D Grownups Have Feelings (about how to say your feelings without hurting)
   - C Listening for Feelings (about accepting feelings, not just words)

"L" equals LIKED, and "D" equals DIDN'T LIKE for each of the below.

10. L = LIKED, D= DIDN'T LIKE	Comments
L being videotaped the first time	
L being videotaped the last time	
D rating myself	
L setting my own goals	
L reading the booklets	
D answering and writing in booklets	I was quite well
L practicing with my group	
L Ms. Anderson's visits	
L Ms. Anderson's written comments	
L Ms. Anderson's verbal comments	

(more on back)

11. I feel the children in my group have benefited and will continue to benefit from the program. Yes ✓ No ___ Comments _____

12. I feel their parents have benefited from the program. Yes ✓ No ___
Comments We do help them with parents can help reinforce what they do

13. I feel I am a better caregiver as a result of the program. Yes ✓ No ___
Comments I understand what to do in different situations better

14. I feel the program could have been made better with the following changes:

Longer for me, because my little formal training was a long time ago.